Weekly Mileage & Fuel Report

Must be turned in by 8:00 a.m. Mondays

PAGE _____ OF _____

GALLANO TRUCKING INC.

1202 Ipsen Road
Belvidere, IL 61008

Trip No. _____

End Odometer _____

All IL Miles
Yes No

Start Odometer _____

UNIT # _____ YEAR _____ Driver _____

Monday AM to Sunday PM

Fuel and States on back of form.

Total _____

DATE	ORIGIN	DESTINATION	DESCRIPTION		Trailer #	Odometer OUT	Odometer IN

DATE	INVOICE #	MILES	PURCHASE PLACE	GALS	PRICE	TOTAL

STATE	TOTAL MILES	STATE	TOTAL MILES	STATE	TOTAL MILES	STATE	TOTAL MILES