

ROUTE: \_\_\_\_\_

Registrant Name:  
Coast to Coast Logistics, Inc.  
5510 Clilo Rd.  
Flint, Mi. 48504

Date: \_\_\_\_\_

### Individual Vehicle Distance and Fuel Report

Must be filled out by each driver for each trip

Drivers Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Truck # \_\_\_\_\_

Trailer # \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

PRO # \_\_\_\_\_

Line	Time In	Time Out	Location	Odometer Reading A. at the beginning of trip B. when exiting state C. at end of trip	State Distance Traveled	Bill of Lading	Name/Address (City/State) of Fuel Stop	PRO #	M #
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Ending Odometer: \_\_\_\_\_ Total Trip Distance: \_\_\_\_\_

Beginning Odometer: \_\_\_\_\_ Total Fuel (Gallons): \_\_\_\_\_

Total Distance: \_\_\_\_\_