Lew Thompson & Son Trucking Inc.

OTR TRIP SHEET

ENDING Mileage_____

START Mileage_____

TOTAL Miles_____

Name_____

DATE	SHIPMENT #	TOWN	STATE	MILEAGE	TRAILER #

NOTES/LAYOVER

TRUCK FUEL			
DATE	FUEL LOCATION	GALLONS	COST

REEFER FUEL			
DATE	FUEL LOCATION	GALLONS	COST

EXPENSES	TOTALS
LUMPERS	
TOLLS	
SCALES	
WASHOUTS	
TRUCK REPAIR	
OTHER	
TOTAL	