FLEET EXPENSE REPORT

COMMERCIAL TRUCKING DIVISION

REPORT NO:

COMPANY NAME

DRIVER NAME

DRIVER LICENSE

SUPERVISOR / MGR

VEHICLE ID / VIN

MAKE / MODEL

ODOMETER START

ODOMETER END

1. FUEL & FLUID EXPENSES

DATE	LOCATION/STATION	FUEL TYPE	GALLONS/LITERS	PRICE/UNIT	TOTAL COST

2. MAINTENANCE, REPAIRS & ROADSIDE

DATE	SERVICE PROVIDER	DESCRIPTION OF WORK (PARTS/LABOR)	INVOICE#	AMOUNT

3. TOLLS, PERMITS & TRAVEL FEES

DATE	ROUTE / JURISDICTION	DESCRIPTION (TOLLS, SCALE FEES, PERMITS)	RECEIPT #	AMOUNT

DATE	ROUTE / JURISDICTION	DESCRIPTION (TOLLS, SCALE FEES, PERMITS)	RECEIPT #	AMOUNT

Total Fuel & Fluids	
Total Maintenance & Repairs	
Total Tolls, Permits & Fees	
GRAND TOTAL	

DRIVER SIGNATURE

Date: _____

FLEET MANAGER APPROVAL

Date: _____