Carrier Name: ______________________________

Unit #: ______________________________

Driver: ______________________________

Date	Origin (City/State)

Routes of Travel:

Destinations (City/State)

1	8
2	9
3	10
4	11
5	12
6	13
7	14

Jurisdiction	Miles
Iowa:	

Odometer Readings

Beginning:	
Ending:	

Fuel Purchases:

Location:	
Gallons:	
Cost:	

Date	Origin (City/State)

Routes of Travel:

Destinations (City/State)

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3	10
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Jurisdiction	Miles
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Odometer Readings

Beginning:	
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Odometer Readings

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Ending:	

Fuel Purchases:

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