|  |  |  |  |
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| ***“FORM B”*** *(8/2017)*  **ITO Month-End Trucking Report**  **Independent Truck Owner/Operator(s**)  *To Complete This Form Refer to Instructions A through E and M through S* | **[A] Report Number:** | **[B] Month and Year:** | |
| **[C] State Project Number(s):** | | **[D] Contract Number (if applicable):** |
| **[E] Hiring Contractor’s Legal Company Name:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[N]** | **[O]** | **[P] [Q]** | **[R]** | **[S]** |

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| **Legal Company Name:** | **Vendor Approved?**  **Yes  No** | **Date of Month** | | | | | | **Hourly Rate**  **Paid For** | **Total**  **Hours**  **For** | **HourlyBroker**  **Fee** | **Total Paid For (S = P \* Q)** |
| **Hours Worked Per Day** | | | | | |
| **Street Address:** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** |  |  |  |
|  |  |  |  |  |  |
| **City, State and Zip Code:** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Driver’s Name:** | | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Telephone Number:** | **Federal DOT Number:** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Email Address:** | **Truck Unit Number:** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **MN SWIFT/Vendor Number:** | **License Plate Number:** | **31** | **[T] A valid ITO has no reporting requirements.** | | | | | **[U] Total** |  | **N/A** | **$** |
|  |
| **Legal Company Name:** | **Vendor Approved?**  **Yes  No** | **Date of Month** | | | | | | **Hourly Rate**  **Paid For** | **Total**  **Hours**  **For** | **HourlyBroker**  **Fee** | **Total Paid For (S = P \* Q)** |
| **Hours Worked Per Day** | | | | | |
| **Street Address:** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** |  |  |  |
|  |  |  |  |  |  |
| **City, State and Zip Code:** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Driver’s Name:** | | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Telephone Number:** | **Federal DOT Number:** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Email Address:** | **Truck Unit Number:** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **MN SWIFT/Vendor Number:** | **License Plate Number:** | **31** | **[T] A valid ITO has no reporting requirements.** | | | | | **[U] Total** |  |  | **$** |
|  |
| **Legal Company Name:** | **Vendor Approved?**  **Yes  No** | **Date of Month** | | | | | | **Hourly Rate**  **Paid For** | **Total**  **Hours**  **For** | **HourlyBroker**  **Fee** | **Total Paid For (S = P \* Q)** |
| **Hours Worked Per Day** | | | | | |
| **Street Address:** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** |  |  |  |
|  |  |  |  |  |  |
| **City, State and Zip Code:** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Driver’s Name:** | | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Telephone Number:** | **Federal DOT Number:** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Email Address:** | **Truck Unit Number:** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **MN SWIFT/Vendor Number:** | **License Plate Number:** | **31** | **[T] A valid ITO has no reporting requirements.** | | | | | **[U] Total** |  |  | **$** |
|  |
| **Legal Company Name:** | **Vendor Approved?**  **Yes  No** | **Date of Month** | | | | | | **Hourly Rate**  **Paid For** | **Total**  **Hours**  **For** | **HourlyBroker**  **Fee** | **Total Paid For (S = P \* Q)** |
| **Hours Worked Per Day** | | | | | |
| **Street Address:** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** |  |  |  |
|  |  |  |  |  |  |
| **City, State and Zip Code:** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Driver’s Name:** | | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Telephone Number:** | **Federal DOT Number:** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **Email Address:** | **Truck Unit Number:** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** |  |  |  |
|  |  |  |  |  |  |
| **MN SWIFT/Vendor Number:** | **License Plate Number:** | **31** | **[T] A valid ITO has no reporting requirements.** | | | | | **[U] Total** |  |  | **$** |
|  |