

**“FORM A”** (1/2017)

# MTO Month-End Trucking Report Multiple Truck Owner(s)

*To Complete This Form Refer to Instructions A through L*

[A] Report Number:

[B] Month and Year:

[C] State Project Number(s):

[D] Contract Number (if applicable):

[E] Hiring Contractor's Legal Company Name:

[F]		[G]						[H]	[I]	[J]
Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Number of Trucks Per Day						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (H x I = J)
Street Address:		1	2	3	4	5	6	Tractor Only \$		
City, State and Zip Code:		7	8	9	10	11	12	Tractor Trailer \$		
Contact Person:		13	14	15	16	17	18	5+ Axle \$		
Telephone Number:		19	20	21	22	23	24	4 Axle \$		
Email Address:		25	26	27	28	29	30	3 Axle \$		
SWIFT/Vendor Number:	Federal USDOT Number:	31	[K] Additional reporting is required.					[L] Total		
Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Number of Trucks Per Day						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (H x I = J)
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