

**"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?	Date of Month						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (H x I = J)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trucks 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 \$			
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?	Date of Month						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (H x I = J)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trucks 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 \$			
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?	Date of Month						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (H x I = J)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trucks 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 \$			
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?	Date of Month						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (H x I = J)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trucks 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 \$			
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		