|  |  |  |
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| ***“FORM A”*** *(12-10)*  **MTO Month-End Trucking Report**  **Multiple Truck Owner(s**)  *To Complete This Form Refer to Instructions E through K* | **[A) Report Number:** | **[B] Month and Year:** |
| **[C] State Project Number(s):** | |
| **[D] Hiring Contractor’s Legal Company Name:** | |
|  | | |

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| **[E]** | | **[F]** | | | | | | **[G]** | | | **[H]** | | **[I]** |
| **Legal Company Name** | | **Date of Month** | | | | | | **Hourly Rate Paid**  **Per Truck Type** | | **Total Hours Charged Per Truck Type** | | **Total Paid**  **(G x H = I)** | |
|  | | **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 Name** | **Swift Vendor ID** | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| **Telephone Number** | **US DOT Number** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| **Federal Tax ID Number** | **MN Tax ID Number** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| ***A Certified Payroll Report (including EE013 Report) and/or Appropriate Month-End Trucking Report must be submitted by this MTO with this Month-End Trucking Report*** | | **31** | **[J] Hourly Broker Fee**  **(if applicable) $** | | | | | | **[K] Total** |  | |  | |
|  | |  |  | | | | | |  |  | |  | |
| **Legal Company Name** | | **Date of Month** | | | | | | **Hourly Rate Paid**  **Per Truck Type** | | **Total Hours Charged Per Truck Type** | | **Total Paid**  **(G x H = I)** | |
|  | | **Number of Trucks Per Day** | | | | | |  | |  | |  | |
| **Street Address** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** | |  | |  | |
|  | |  |  |  |  |  |  |  | |  | |  | |
| **City, State and Zip Code** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** | |  | |  | |
|  | |  |  |  |  |  |  |  | |  | |  | |
| **Contact Name** | **Swift Vendor ID** | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| **Telephone Number** | **US DOT Number** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| **Federal Tax ID Number** | **MN Tax ID Number** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| ***A Certified Payroll Report (including EE013 Report) and/or Appropriate Month-End Trucking Report must be submitted by this MTO with this Month-End Trucking Report*** | | **31** | **[J] Hourly Broker Fee**  **(if applicable) $** | | | | | | **[K] Total** |  | |  | |
|  | |  |  | | | | | |  |  | |  | |
| **Legal Company Name** | | **Date of Month** | | | | | | **Hourly Rate Paid**  **Per Truck Type** | | **Total Hours Charged Per Truck Type** | | **Total Paid**  **(G x H = I)** | |
|  | | **Number of Trucks Per Day** | | | | | |  | |  | |  | |
| **Street Address** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** | |  | |  | |
|  | |  |  |  |  |  |  |  | |  | |  | |
| **City, State and Zip Code** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** | |  | |  | |
|  | |  |  |  |  |  |  |  | |  | |  | |
| **Contact Name** | **Swift Vendor ID** | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** | |  | |  | |
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| **Telephone Number** | **US DOT Number** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| **Federal Tax ID Number** | **MN Tax ID Number** | **25** | **26** | **27** | **28** | **29** | **30** | **3 Axle**  **$** | |  | |  | |
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| ***A Certified Payroll Report (including EE013 Report) and/or Appropriate Month-End Trucking Report must be submitted by this MTO with this Month-End Trucking Report*** | | **31** | **[J] Hourly Broker Fee**  **(if applicable) $** | | | | | | **[K] Total** |  | |  | |
|  | |  |  | | | | | |  |  | |  | |
| **Legal Company Name** | | **Date of Month** | | | | | | **Hourly Rate Paid**  **Per Truck Type** | | **Total Hours Charged Per Truck Type** | | **Total Paid**  **(G x H = I)** | |
|  | | **Number of Trucks Per Day** | | | | | |  | |  | |  | |
| **Street Address** | | **1** | **2** | **3** | **4** | **5** | **6** | **Tractor Only**  **$** | |  | |  | |
|  | |  |  |  |  |  |  |  | |  | |  | |
| **City, State and Zip Code** | | **7** | **8** | **9** | **10** | **11** | **12** | **Tractor Trailer**  **$** | |  | |  | |
|  | |  |  |  |  |  |  |  | |  | |  | |
| **Contact Name** | **Swift Vendor ID** | **13** | **14** | **15** | **16** | **17** | **18** | **5+ Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
| **Telephone Number** | **US DOT Number** | **19** | **20** | **21** | **22** | **23** | **24** | **4 Axle**  **$** | |  | |  | |
|  |  |  |  |  |  |  |  |  | |  | |  | |
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|  |  |  |  |  |  |  |  |  | |  | |  | |
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|  | |  |  | | | | | |  |  | |  | |