MILLER EXPEDITED FREIGHT, INC.
TRUCK MILEAGE / FUEL LOG

DRIVER'S NAME: _____

WEEKING ENDING SATURDAY: _____

DATE OF RUN	BILL OF LADING	TRUCK UNIT #	STATE	ODOMETER START	ODOMETER END	TOTAL MILES
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DATE	INVOICE #	TRUCK #	CITY & STATE	# GALLONS	$ TOTAL
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Reimbursable Expenses

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