

## TRIP REPORT



American Veterans Logistics LLC

Trip # \_\_\_\_\_  
 Truck # \_\_\_\_\_  
 Trailer # \_\_\_\_\_  
 BOL # \_\_\_\_\_

Shipper \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Consignee \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

### FUEL

Date	Vendor	City	State	Gal	Cost	Adv

### DRIVER EXPENSES

Date	Vendor	Description	Cost

### MILES

### NOTES

State	Miles	State	Miles


Office Use:	
Broker / Shipper: _____	Revenue: _____
Factored <input type="checkbox"/> Y <input type="checkbox"/> N	Date Submitted _____ Date Paid _____
DRB <input type="text"/>	DRR <input type="text"/> ADV <input type="text"/> DRP <input type="text"/>
FL <input type="text"/>	FF <input type="text"/> OF <input type="text"/> PR <input type="text"/>
Cost	