| "FORM A" (8/2017) | DEPARTMENT OF TRANSPORTATION |
|-------------------|------------------------------|
|-------------------|------------------------------|

MTO Month-End Trucking Report Multiple Truck Owner(s) To Complete This Form Refer to Instructions A through L

| [A] | Report Number: | [B] <u>M</u> o |
|-----|----------------|----------------|
| | 7 | |

onth and Year:

[C] State Project Number(s):

[D] Contract Number (if applicable):

[E] Hiring Contractor's Legal Company Name:

| | [F] | | | | [G] | | | [H] | [1] | [J] | [K] |
|--|--|---------------------------------------|---|-----------|--------------|--|--|------------------|--------------|----------------------------------|-------------------------------|
| Legal Company Name: | | Date of Month | | | | | Hourly | Total | Hourly | WAY TO THE PARTY OF THE PARTY OF | |
| Legal Company Name: Vendor Approved? | | | Num | ber of T | | | | Rate Paid | Hours | Broker | Total Paid For (K = H * I) |
| Street Address: | □ 163 □ 110 | 1 | Num 2 | 3 | 4 | er Day | 6 | For | For | Fee | V-2 -2X |
| Street Address. | | 04 A | 4 | U | 1 300 (7 pm) | U | v | Tractor Only \$ | 20 | | |
| City, State and Zip Code: | | 7 | 8 | 9 | 10 | 11 | 12 | | - | | |
| City, State and Enp Code. | | ALUX OF THE | U | | 10 | ** | I.M | Tractor Trailer | 0.00 | | |
| Contact Person: | | 13 | 14 | 15 | 16 | 17 | 18 | 51 4-10 | 11 | | |
| Contact i croom. | | i ku | 1 Dignations | A. | Av. | 24.0 | 10 | 5+ Axle \$ | | | |
| Telephone Number: | | 19 | 20 | 21 | 22 | 23 | 24 | | | | |
| Telephone Itamber. | | | Lo | 4.1 | h h | AU | Jar s | 4 Axle | | | |
| Email Address: | | 25 | 26 | 27 | | 3 Axle | | - | | | |
| Ellan Addi Coo. | | 40 | 20 | 24 | 20 | 47 | | S Axie | | | |
| SWIFT/Vendor Number: | Federal DOT Number: | 31 | | | | | | | - | | |
| SWILL IT CHOOL THUMBER. | redefai box i minor. | 31 | [L] Ac | dditional | l report | ing is re | quired. | [M] Total | | N/A | \$ |
| T -red Company Name | Vendor Approved? | The same of | Date of Mouth | | | | | Hourly | Total | Hourly | |
| Legal Company Name: | 0: | THE PERSON | Date of Month Number of Trucks Per Day | | | | | Rate Paid | Hours | Broker | Total Paid For |
| Table of a second control of the second | ☐ Yes ☐ No | | - | | - | | 1 | For | For | Fee | (K = H * I) |
| Street Address: | | 1 | 2 | 3 | 4 | 5 | 6 | Tractor Only | | | |
| | | | | | 10 | | 10 | \$ | | | |
| City, State and Zip Code: | | 7 | 8 | 9 | 10 | 11 | 12 | Tractor Trailer | | | |
| | | | | | | | | \$ | | | |
| Contact Person: | | 13 | 14 | 15 | 16 | 17 | 18 | 5+ Axle | | | |
| | | | <u> </u> | ļ | | | ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$ | | | |
| Telephone Number: | | 19 | 20 | 21 | 22 | 23 | 24 | 4 Axle | | | |
| | | | | | | | | \$ | | | |
| Email Address: | | 25 | 26 | 27 | 28 | 29 | 30 | 3 Axle | | | |
| 54 | | | | | | | | \$ | | | |
| SWIFT/Vendor Number: | Federal DOT Number: | 31 | mlad | dditional | l reporti | ina is re | quired | [M] Total | -6 | N/A | \$ |
| e | | | [D] Au | dittona | reporti | ilg is rec | quireu. | [IVA] A Otal | | THE | 3 |
| Legal Company Name: | Vendor Approved? | | | Date of | Month | | | Hourly | Total | Hourly | Total Paid For |
| | ☐ Yes ☐ No | | Numb | ber of Tr | rucks Pe | er Day | 1 | Rate Paid For | Hours For | Broker Fee | (K = H * I) |
| Street Address: | | 1 | 2 | 3 | 4 | 5 | 6 | Tractor Only | 101 | 100 | - |
| | l | | | | | | | \$ | | | |
| 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 | | | |
| receptione (number) | | | | | | | The second | S Axie | | | |
| Email Address: | | 25 | 26 | 27 | 28 | 29 | 30 | 3 Axle | | | 10 |
| | | | | | | Hotel been | | S Axie | | | |
| SWIFT/Vendor Number: | Federal DOT Number: | 31 | [L] Additional reporting is required. | | | | | | | | |
| | | | | | | [M] Total | | N/A | \$ | | |
| Legal Company Name: | Vendor Approved? | SHOPPING | Date of Month | | | | | Hourly | Total | Hourly | |
| Legai Company Ivame. | The Table of Control o | Shall and | Number of Trucks Per Day | | | | | Rate Paid | Hours | Broker | Total Paid For (K = H * I) |
| 7777 | ☐ Yes ☐ No | - | | | | | | For | For | Fee | (11-11-1) |
| Street Address: | i i | 1 | 2 | 3 | 4 | 5 | 6 | Tractor Only | | | |
| OF OUR DAMES OF THE | | - | 0 | 0 | 10 | Maria de la compansión de | 12 | \$ | | | |
| City, State and Zip Code: | | 7 | 8 | 9 | 10 | 11 | 12 | Tractor Trailer | | | |
| 0 | | 13 | 1.1 | 1.5 | 10 | 177 | 10 | \$ | | | |
| Contact Person: | | | 14 | 15 | 16 | 17 | 18 | 5+ Axle | | | |
| | | 10 | 20 | 0.1 | 20 | 22 | 24 | \$ | | | |
| Telephone Number: | | 19 | 20 | 21 | 22 | 23 | 24 | 4 Axle | | | 1 |
| | | 0.7 | 26 | 25 | 20 | 20 | 20 | \$ | | | |
| Email Address: | | 25 | 26 | 27 | 28 | 29 | 30 | 3 Axle | | | |
| CONTROL OF THE PARTY OF THE PAR | T I I DOWN | 21 | | | | لــــــا | | S | | | |
| SWIFT/Vendor Number: | Federal DOT Number: | 31 | [L] Ad | ditional | reporti | ng is rec | uired. | [M] Total | | N/A | s |
| | | [L] Additional reporting is required. | | | | | · , | 785 8 | 1 | | |