

[A] Report Number:	[B] Month and Year:
[C] State Project Number(s):	[D] Contract Number (if applicable):
[E] Hiring Contractor’s Legal Company Name:	

ITO Month-End Trucking Report
Independent Truck Owner/Operator(s)
To Complete This Form Refer to Instructions A through E and M through S

[N]		[O]						[P]	[Q]	[R]	[S]
Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Hours Worked Per Day						Hourly Rate Paid For	Total Hours For	Hourly Broker Fee	Total Paid For (S = P * Q)
Street Address:		1	2	3	4	5	6	Tractor Only \$			
City, State and Zip Code:		7	8	9	10	11	12	Tractor Trailer \$			
Driver’s Name:		13	14	15	16	17	18	5+ Axle \$			
Telephone Number:	Federal DOT Number:	19	20	21	22	23	24	4 Axle \$			
Email Address:	Truck Unit Number:	25	26	27	28	29	30	3 Axle \$			
MN SWIFT/Vendor Number:	License Plate Number:	31	[T] A valid ITO has no reporting requirements.					[U] Total		N/A	\$
Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Hours Worked Per Day						Hourly Rate Paid For	Total Hours For	Hourly Broker Fee	Total Paid For (S = P * Q)
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