"FORM A" (12-10)

MTO Month-End Trucking Report Multiple Truck Owner(s)

[A) Report Number:	[B] Month and Year:

[C] State Project Number(s):

[D] Hiring Contractor's Legal Company Name:

10 Complete 1 his Form Refer to Instructions E through K											
[E]			[F]						[G]	[H]	[I]
Legal Company Name			N		Oate of r of Tr			y	Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (G x H = I)
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	3	14	15	16	17	18	5+ Axle \$		
Telephone Number	US DOT Number	19	9	20	21	22	23	24	4 Axle \$		
Federal Tax ID Number	MN Tax ID Number	25	5	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			ı	[J] Hourly Broker Fee (if applicable) \$ [K] Total							
Legal Company Name			Date of Month Number of Trucks Per Day						Hourly Rate Paid	Total Hours Charged	Total Paid
Street Address		1		umber 2	r of Tr	ucks P	er Da	y 6	Per Truck Type Tractor Only	Per Truck Type	$(\mathbf{G} \times \mathbf{H} = \mathbf{I})$
									\$		
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	5	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			1		lourly l if appl			\$	[K] Total		
Legal Company Name			N		Oate of r of Tr			y	Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (G x H = I)
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	3	14	15	16	17	18	5+ Axle \$		
Telephone Number	US DOT Number	19	9	20	21	22	23	24	4 Axle \$		
Federal Tax ID Number	MN Tax ID Number	25	5	26	27	28	29	30	3 Axle \$		
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Legal Company Name			Date of Month Number of Trucks Per Day					v	Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (G x H = I)
Street Address		1		2	3	4	5	6	Tractor Only	To Truck Type	(5 4 11 - 1)
City, State and Zip Code		7	'	8	9	10	11	12	Tractor Trailer		
Contact Name	Swift Vendor ID	13	3	14	15	16	17	18	5+ Axle \$		
Telephone Number	US DOT Number	19	9	20	21	22	23	24	4 Axle \$		
Federal Tax ID Number	MN Tax ID Number	25	5	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			1	[J] Hourly Broker Fee (if applicable) \$							