

<div>“FORM A”<div>(12-10)</div></div> <div>MTO Month-End Trucking Report<div>Multiple Truck Owner(s)</div></div> <div>To Complete This Form Refer to Instructions E through K</div>		[A] Report Number:		[B] Month and Year:	
		[C] State Project Number(s):			
		[D] Hiring Contractor's Legal Company Name:			

[E]		[F]						[G]		[H]		[I]	
Legal Company Name		Date of Month Number of Trucks Per Day						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	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	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		31	[J] Hourly Broker Fee (if applicable) \$					[K] Total					

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