

MILEAGE LOG & INVOICE

Carrier Name:
Address:
Phone:
MC/DOT #:

Invoice #: _____

Date: _____

Truck ID: _____

Driver: _____

BILL TO

Customer Name:
Address:
Phone:
Contact:

LOAD DETAILS

Load/Ref #:
Origin:
Destination:
Commodity:

Date	Route / Description	Start Odometer	End Odometer	Total Miles	Rate/Mile	Total

Additional Accessorial Charges (Fuel Surcharge, Detentions, Tolls)	Amount

Mileage Subtotal: \$ _____

Accessorial Total: \$ _____

TOTAL DUE: \$ _____

TERMS & NOTES

Payment due within ____ days. Please make checks payable to _____.

Driver Signature: _____ Receiver Signature: _____