

“FORM B” (12-10)

[A] Report Number:

[B] Month and Year:

**ITO Month-End Trucking Report
Independent Truck Owner/Operator(s)**

[C] State Project Number(s):

[D] Hiring Contractor's Legal Company Name:

To Complete This Form Refer to Instructions L through R

[L]		[M]						[N]	[O]	[P]
Legal Company Name		Date of Month Hours Charged Per Day						Hourly Rate Paid Per Truck Type	Total Hours Charged Per Truck Type	Total Paid (N x O = P)
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	Swift Vendor ID	13	14	15	16	17	18	5+ Axle \$		
Telephone Number	Truck/Unit Number	19	20	21	22	23	24	4 Axle \$		
US DOT Number	License Plate Number	25	26	27	28	29	30	3 Axle \$		
Federal Tax ID Number	MN Tax ID Number	31						[Q] Does the Driver <input type="checkbox"/> Own OR <input type="checkbox"/> Lease	[R] Hourly Broker Fee (if applicable) \$	
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