IVMR (Individual Vehicle Mileage Report) / TRIP REPORT

TRIP NUMBER

CARRIER NAME	ADDRESS	CITY	STATE	ZIP

DRIVER NAME	UNIT NUMBER	STARTING LOCATION	ENDING LOCATION

To better serve you please fax or mail completed forms to Blue Ridge TM LLC on a weekly or by-weekly basis. Thank You and HAVE A SAFE TRIP

Mileage Information					Fuel Information				
DATE	STARTING ODOMETER	STATE	ENDING ODOMETER	HIGHWAYS USED	GALLONS	AMOUNT	CITY	STATE	dyed diesel

All information stated above is accurate and true. Driver Signature _____

Please mail completed forms to Blue Ridge TM LLC. PO Box 68 Bogart, GA 30622 or Fax to (770)868-1066 Phone (678)425-9571