



Motor Carrier Division
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TRIP FUEL & MILEAGE RECORD

CARRIER NAME	VEHICLE/UNIT NUMBER	DRIVER
ORIGIN (CITY, STATE/PROVINCE)		DESTINATION (CITY, STATE/PROVINCE)
START DATE	TRIP #	BEGINNING ODOMETER READING

MILEAGE RECORD						FUEL PURCHASES				
DATE	STATE/ PROVINCE	HIGHWAYS USED	BEGINNING ODOMETER READING	ENDING ODOMETER READING	TOTAL MILES	RETAILER (LOCATION, STATE/ PROVINCE)	INVOICE #	FUEL TYPE (DIESEL, GAS, ETC.)	PRICE PER GAL/ LTR	TOTAL GAL/ LTR

ENDING ODOMETER READING: _____ **TOTAL MILES DRIVEN:** _____ **TOTAL FUEL PURCHASED:** _____

***THIS FORM IS SUGGESTED FOR FUEL & DISTANCE TRACKING – IT DOES NOT REPLACE THE REQUIRED DOCUMENTS OF YOUR TAX OR AUDIT REPORTS. ***