Form 190041
12-06

TRIP RECORD

Carrier Name _____ Month _____ Year _____

Unit Number _____

Date	Origin	Destination	Highways Traveled	Miles By Jurisdiction										Total Miles
				Iowa										
Total Fuel Invoices _____ gallons Total Iowa Fuel _____ gallons				**Totals**										

POST TO MONTHLY MILEAGE RECORD

Attachment A-1

SAMPLE