

DRIVER CASH EXPENSE RECORD

Name:

Dates Included:

Driver (Code:			*We will not accept any unsigned or undated forms							
Truck#_				please sign and date below before submitting.							
<u>Days Away From</u> <u>Home</u> (Per Diem)		<u>Lumpers</u> (Required if Reefer)		Cash Tolls/ Parking Fees		Scales (Required)		Operating/ Equipment Supplies		Safety/ Weather Gear	
Days Away from Home for this time period.		Total:		Total:		Total:		Total:		Total:	
Cash Fuel		Oil/Additives		Truck/Trailer Wash (If not given a PO#)		Repairs (If not on settlements)		Communication (Cell phone, Internet, Radio)		Advertising	
Total:		Total:		Total:		Total:		Total:		Total:	
Office Supplies		Lodging		Cash Laundry/Showers		Bank/ATM Fees		Miscellaneous E (Not including food and/or per Item Description:			
you send phone nu I have in r	this form t amber 417- ny possession	o us once a 380-5000. all the necess	month via	Total: penses NOT: Email: expresents to prove the defended meet t	sc@abacuscp expenses liste	<mark>oas.com</mark> , Fa d or summari	x: 417-823 zed on this c	-0744. Pleas	e call if you	u have any o	questions
SIGNATURE: DATE											