IVMR (Individual Vehicle Mileage Report) / TRIP REPORT							TRIP NUMBER			
CARRIER NAME			ADDRESS				CITY	STATE	ZIP	)
DRIVER NAME			UNIT NUMBER STARTING LOCATION				ENDING LOCATION	ļ	!	
To better	serve you please fax or m	ail comple	ted forms to Blue Ridge	Le North America LLC o	n a weekly o	r by-weekly	basis. Thank You an	nd HAVE A	SAFE TRIP	
	Mileage Infor					Fuel Information				
DATE	STARTING ODOMETER	STATE	ENDING ODOMETER	HIGHWAYS USED	GALLONS	AMOUNT	CITY	<i>(</i>	STATE	dyed diesel

All information stated above is accurate and true.

**Driver Signature**