

Expenses to be reimbursed by Autumn Transport

Name: \_\_\_\_\_ Tractor # \_\_\_\_\_

Trailer # \_\_\_\_\_

Circle type of Trailer

Hopper   Tank   End Dump   Pneumatic

Circle Type of Payment

Cash   Personal Charge   T-Chek

**Attach All Dated & Signed Receipts**

(Do not list any charges made to Autumn accounts)

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE REIMBURSED \_\_\_\_\_ TOTAL \_\_\_\_\_

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