## **Annual Distance Summary**

Registrant/Carrier Name:	Vehicle #:	
Quarter/Year:	Fleet #:	
INSTRUCTIONS:		

- Include only IRP qualified vehicles
- Identify and list all miles and fuel purchases for each jurisdiction separately

NOTE: All miles and fuel purchases must be supported by IVDR's (trip sheets) and paid fuel receipts. Prepaid fuel receipts will not be accepted.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Ending Odometer					
Ending Odometer Beginning Odometer					
Total Miles*					
	Miles	Miles	Miles	Miles	Total
State/Province	Traveled	Traveled	Traveled	Traveled	Miles Traveled
Florida					
	_				
	_				
	-				
Totals*					

<sup>\*</sup> REMINDER: Total miles calculated using beginning and ending odometer readings for the quarter/year should equal total miles for the quarter/year