

KS - Only Trip Sheet

Unit Number: _____

Quarter: _____

Beginning Odometer Reading: _____ Date: _____

Reading: _____

Ending Odometer Reading: _____ Date: _____

Reading: _____

Total Odometer Miles _____

Total Odometer Miles: _____

Total Fuel: _____

LESS: Total KS Miles:

Fuel By State: **NE**

Calculated Nebraska Miles: _____

KS

[illegible]

MONTHLY/ QUARTERLY TOTALS

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