



OFF ROAD FUEL TANK LOG

TRANSFER TANK FILLED DATE _____

NAME _____

TRUCK # _____

EACH SHEET BEGINS WITH A FULL TANK

DATE	PERSON FILLING (PRINT CLEARLY)	EQUIPMENT # FUELED	EQUIPMENT HOUR READING	JOB #	GALLONS
TOTAL FUEL USED					
ENDING FILL *ATTACH RECEIPT* TRANSFER DATE TO NEXT LOG					