

Walbon & Company, Inc.

EQUIPMENT EXPENSE REPORT

(This Form Is Required For All Equipment Expenses & Must Be Filled Out Completely To Receive Reimbursement)

Driver Name _____ Trip# _____

Truck # _____ Trailer # _____

Name of Repair Facility/Store _____

City _____ State _____ Date of Purchase/Repair ____/____/____

Invoice # _____ Company PO # _____

Part/Repair is on *(Circle one)* Truck - Trailer - Reefer

Mileage/Hours at the time part was added/equipment was repaired _____

Description of Part/Repair

Payment Method *(Circle one)* Cash - TCH - Company Credit Card - Charge Account - Carrier Card

Total Part/Repair Cost \$ _____

Purchase/Repair Authorized By _____

(Please Attach Receipt To The Back Of This Form)