

# FUEL DELIVERY

Station No.: \_\_\_\_\_ Location (town): \_\_\_\_\_

## Unleaded

Gallons Delivered: \_\_\_\_\_

Balance on Hand after Delivery: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

## Diesel/Bio-Diesel (B20)

Gallons Delivered: \_\_\_\_\_

Balance on Hand after Delivery: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

**This form must be submit, immediately after delivery.**