



SUMMARY OF UNDYED DIESEL AND UNDYED KEROSENE USED IN TRUCK REFRIGERATION UNITS

(THIS FORM MAY BE REPRODUCED AS NEEDED)

CARRIER NAME	CARRIER EIN OR SSN	REFUND PERIOD: <input type="checkbox"/> 03/31 <input type="checkbox"/> 06/30 <input type="checkbox"/> 09/30 <input type="checkbox"/> 12/31
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	INVOICE NUMBER (N/A FOR ON ROAD PURCHASES)	INVOICE OR ON ROAD PURCHASE DATE	REEFER UNIT NUMBER	VENDOR NAME	CITY (VENDOR MUST BE LOCATED IN PENNSYLVANIA)	GALLONS PURCHASED	PRICE PER GALLON	TOTAL PAID
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTAL FUEL								

Carriers must submit copies of source documentation (fuel purchase invoices) for one month of the claim or as otherwise directed by the department. In addition, carriers must summarize the information provided on the selected month's invoices. Information to be provided above includes the carrier's name, the carrier's EIN or SSN, and the appropriate refund period should be selected. In addition, the invoice number, the invoice or on road purchase date, reefer unit number, vendor name, the city where the vendor is located, the number of gallons purchased, the price per gallon and the total amount paid for the fuel should be provided. The gallons purchased column should be totaled. Please remit this form and your supporting source documentation for one of the months you are requesting a reimbursement claim, along with the REV-643 for review. Not submitting the appropriate documentation could delay your reimbursement request.