

RECORD OF MOTOR FUEL USED



210610049

Name _____

Farm Boat Commercial Other

Location of job or use: _____ Type of business: _____

From _____ To _____ **Use separate blank columns below to show each vehicle and fuel type used (D – Diesel, G – Gasoline)**

Date		Non-refundable gallons								Totals
Month	Day									
Refundable gallons										
Non-refundable gallons										
Add columns down and across.										
									Total of refundable and non-refundable gallons.	

IMPORTANT

This statement must accompany claim for refund. Invoices covering purchases of motor vehicle fuel must be attached to claim. Show on this statement the gallonage used daily in each type of equipment. A permanent record must be kept at your office for verification purposes by this office.

The total amount above must equal total fuel purchases.

**Comptroller of Maryland
Revenue Administration Division
Motor Fuel Refund Unit Room 306B
110 Carroll Street
Annapolis, MD 21411-0001**