Name: _____

☐ Farm
☐ Boat
☐ Commercial
☐ Other

Location of job or use:
_____

Type of business:
_____

Comptroller of Maryland
Revenue Administration Division
Revenue Administration Center
Annapolis, Maryland 21411-0001

Record of Motor Fuel Used

From_____ To_____

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

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

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

The total amount above must equal total fuel purchases.