

Kansas Department of Transportation Monthly Payment Information

Provider: _____ CTD Number: _____

Information for the Month/Year of: _____

Name/Address of Fuel Vendor(s)	Total Number of Transactions	Total Amount(s) of Transactions
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**Kansas Department of Transportation
 Monthly Payment Information
 (Continued)**

Name/Address of Maintenance Vendor(s)	Total Number of Transactions	Total Amount(s) of Transactions
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**Kansas Department of Transportation
Monthly Payment Information
(Continued)**

Name/Address of Insurance Vendor(s)	Total Number of Transactions	Total Amount(s) of Transactions
		\$
		\$
		\$
		\$

Name/Address of Storage Vendor(s)	Total Number of Transactions	Total Amount(s) of Transactions
		\$
		\$
		\$
		\$

Report submitted by: _____ Date: _____

Title / position: _____