

DRIVER'S DAILY JOURNAL

COMPANY _____ DATE _____

DRIVER _____ VEHICLE NO. _____ Page ____ of ____

CUSTOMER	ADDRESS	CITY	PICK-UP		DELIVERY	
			NO. CTNS.	TOTAL WT.	NO. CTNS.	TOTAL WT.
TOTALS						

SAMPLE

DRIVER'S VEHICLE INSPECTION REPORT

I detect no defect or deficiency in this motor vehicle which will affect its safe operation or result in a mechanical breakdown.

I detect the following defects or deficiencies in this motor vehicle which will affect the safety of its operation or result in a mechanical breakdown. (List defects below)

Driver's Signature: _____

Above defects corrected
 Above defects need not be corrected

Mechanic's Signature: _____

Driver Reviewing Repairs: _____ Date: _____

EXPENSE RECORD

ITEM	AMOUNT
FUEL No. Gals. _____ \$ / Gal. _____	
OIL No. Gals. _____ \$ / Qt. _____	
PARKING	
TOLLS	
PHONE CALLS	
REPAIRS (List)	
OTHER (List)	
OTHER (List)	
OTHER (List)	
"Obtain Receipts For All Expenses" TOTAL	\$ _____
Mileage End of Day: _____	
Mileage Start of Day: _____	
Total Miles Driven: _____	