DRIVER'S DAILY LOG

Use blue or black ink only.

Today's Date/Off Duty Begin Date If multiple off-duty days, enter end date here: (Print Last Name, First Initial Control of Contro	al - Ex. Smith, R) entries are true and correct. (Driver's Signature in Full)	
Trailer Number) (Co-Driver ID) Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898	(Print Co-Driver Name)	
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	9 10 11 TOTAL HOURS 7 8.0 0 2.75 24.0 0 1/4 = 0.25 1/2 = 0.50 3/4 = 0.75	
DAILY VEHICLE CONDITION REPORT THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN (X) THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN (X) 13. Speedd	in the Appropriate Box. In the	
MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.		
10-01-14 Print Lead Driver's Name Harmon	Lead Hauler Code	

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.			
Month Day Year Print Lead Driver's Name	Harmon D	Lead Hauler Code	
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Reducen Van & Stope	Ager	
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE ROUTES TRAVELED MI		
BEGINNING CITY/STATE Laho Falls	ID Lu 20 ml 20 Lul		
BEGINNING - ODOMETER 9 5 1 2 3 8 ENDING - ODOMETER			
9 5 1 3 23 ENDING CITY/STATE			
Rexburg		0	
Attach Fuel Receipts to Miles and Fuel Section.			

FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED