DRIVER'S DAILY LOG

NOTE: All entries must be neatly printed in blocks. Use blue or black ink only.

Today's Date/Off Duty Begin Date Part	(Day) (Year) AWBREY	Name, First Initial - Ex. Smith, R) I certify these entries are true and correct. (Driver's Signature in Full)
(Trailer Number Night 1 2 3 4 5 6 7 1: Off Duty 2: Sleeper	(Co. Priver ID)	(Print Co-Driver Name) 7 8 9 10 11 TOTAL HOURS
4: On Duty (Not Driving) REMARKS:		2 4 .0 6 1/4 = 0.25 1/2 = 0.50 1/4 = 0.75
\		(Home Terminal Address)
THIS IS AN END OF THE DAY INSPECTION (FMCSR 38 IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE B 1. Air Hoses and Connectors 4. Tires 2. Coupling Devices 5. Glass and Mirrors 3. Wheels and Rims 6. Fire Extinguisher		CE AN (X) IN THE APPROPRIATE BOX. 13. Speedometer 14. Lights and Reflectors 15. NO DEFECTS
	EL BY STATE - SPECIALIZED TRANSPO	ORTATION, INC.
Month Day Year Print Lead Driver's Name	THAYHE GUBREY	Lead Hauler 7 7 1 1
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Kornan	Agent Code
ODOMETER READINGS REQUIRED BY "IFTA" BEGINNING CITY/STATE	STATE/PROVINCE ROUTES TRAVELED	MILES/KILOMETERS GALIJTERS FUEL PURCHASED
BEGINNING - ODOMETER	MT 1-15 50 189 TO 1-40	312 75.6
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ENDING - ODOMETER 950416		
ENDING OFFYSTATE	IEP	
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