03-22-16	days, enter end date here: (Day) (Year)		ast Name, First Initial - Ex	yney	-
(Month) (Day) (Year) (Month) (Total Miles Driving Today) (Tractor Number	6 - 7	(Safety #)	I certify these entries	(Uriver's Signature in Full)	-
(Trailer Number Specialized Transportation Inc 5001 US Hwy. 30W - Fort With the second sec		(Co-Driver ID)		(Print Co-Driver Name)	
	8 9 10 11 NO	ON1 2 3 4 5	6 7 8 9	10 11 TOTAL HOURS	
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222	DAILY VEHICLE	CONDITION REPORT		A	
THIS IS AN END OF THE DAY INSPECTION (FMCSR 3	BOX MARKED "NO DEFECTS"	ARE FOUND TO BE DEFECTIVE 10. Parking Brake 11. Steering Mechanism	, PLACE AN (X) IN TH 13. Speedometer 14. Lights and Re	//	
1 Air floses and Connectors 4. Tires 2. Coupling Devices 5. Glass and Mirrors 3. Wreels and frims 6. Fire Extinguisher	☐ 7. Triangles and Fuses☐ 8. Horn (Air and/or Elections)☐ 9. Windshield Wipers	ctric) 🗆 12. Service Brakes	14. Lights and the		
D. C. Color and Mills		DRIVER'S SIGNATURE_	1200	y war	
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MILES AND FU	EL BY STATE - S	PECIALIZED TRANS	SPORTATION	i, INC.	7
Month Day Year O 3 _ 2 2 _ 1 6 Print Lead Driver's Name	Rodney 1	vilcex		Hauler 026/51	
- 10 W 1 0 W 1 W				- 1-11	
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Name /Co Q	Iman 5%.	Age	le 7 4 4 5	
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(X) IF RENTAL UNIT	MU I FE		1 000	de	
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otal Miles Driving Today)	(Tractor Number)			7 <i> </i>	-/-	
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					TION INC	
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	Print Lead Driver's Name	L BY STATE	- SPECIALIZED TRA	NSPORT	Lead Hauler	
Month Day Year	Print Lead Driver's Name	Agent	- SPECIALIZED TRA	NEFORT	Lead Hauler Code _	
Month Day Year	Print Lead Driver's Name ACE AN) IF RENTAL UNIT		- SPECIALIZED TRA	ANSPORT	Lead Hauler Code _	GAL/LITERS FUEL PURCHASED
Month Day Year Tractor/Str. Truck 6 Digit # PL	Print Lead Driver's Name ACE AN) IF RENTAL UNIT	Agent Name		AMSPORT	Lead Hauler Code Agent Code	GAL/LITERS FUEL PURCHASED
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03-	(Day) (Year)		ays, enter end date here: (Day) (Year)	Wil	COXB	ne, First Initial - Ex. Smith,	ney	
(Month) (Total Miles Driv	7 23	(Tractor Number)		(Safety #)		Volly	Signature in Full)	
	11	(Trailer Number)	7 [(Co-Driver ID		(Print	Co-Driver Name)	
Specialized	Transportation Inc 5001 L	S Hwy. 30W - Fort Way	ne, IN 46898				44	uno
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	MID- IGHT 1 2 3 4	5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 9 10 11 1	NOON 1 2 3	4 5 6 11111111111111111111111111111111111	7 8 9 10	TOTAL HO	DORS OF THE PROPERTY OF THE PR
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	No. of the second secon	ES AND FUE	L BY STATE -	SPECIALIZE	D TRANSPO	RTATION, IN	C.	
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	ETER READINGS REQ	IF RENTAL UNIT	Name STATE/PROVINCE	ROUTES TR	5+,	Agent Code	7005 RS GALLITERS FUEL PURCH	ASED
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	ODOMETER 5/	ilo1	CV	COT	₹°°	163	yelle	
-	917	the	019	1 All	XP	5-71	10	_
				+ Y	om'	~ CTO		
				21	ence	1		
Attach	Fuel Receipts to Miles RECEIPTS WILL NOT	and Fuel Section.	THE DATES HAVE BE	EEN CHANGED		367	TOTAL MILES/KILON DRIVEN	METERS

Today's Date/Off Duty Begin Date	ays, enter end date here:	(Print Las	Name, First Initial	Ex. Smith, R)	
03-05-16		wi//C07	HRO	dne	14 1
(Month) (Day) (Year) (Month)	(Day) (Year)		I certify these entr	ries are true and corre	ect.
365 23686	7	(Safety #)	100	(Driver's Signatur	e in Full)
(Total Miles Driving Today) (Tractor Number)	7	(Salety #)	,		
(Trailer Number)		(Co-Driver ID)		(Print Co-Driver	Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way	ne, IN 46898	(COLDINGLED)			
MID- NIGHT 1 2 3 4 5 6 7	8 9 10 11 NO	DN1 2 3 4 7 5	6 7 8	9 10 11	TOTAL HOURS
1: Off Duty			 		
2: Sleeper					0007
3: Driving			+-1111		0005
4: On Duty (Not Driving)			21	<u> </u>	04.04
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REMARKS:		7	83	at pour	$\frac{1/2 = 0.50}{3/4 = 0.75}$
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DI NO STEVING	STANDARD TIME OF HOM	IE TERMINAL (Sa) +	Loke	17/2	tah
B/L NO. 53547966 LOG USING	STANDARD TIME OF THOM		(Home 7	erminal Address)	
	DAILY VEHICLE	CONDITION REPORT	DI AGE AN (V) IN	THE MODEODDIA	TE DOV
THIS IS AN END OF THE DAY INSPECTION (FMCSR 39) IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BO	X MARKED "NO DEFECTS".	□ 10. Parking Brake	☐ 13. Speedome	TAT	15. NO DEFECTS
☐ 1. Air Hoses and Connectors ☐ 4. Tires ☐ 2. Coupling Devices ☐ 5. Glass and Mirrors ☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher	☐ 7. Triangles and Fuses☐ 8. Horn (Air and/or Election of the Dection of the D		1/2/		=2
☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher	_ J. Williamora Wipora	DRIVER'S SIGNATURE	and d	My	
	l'a		/		- wi
MILES AND FUI	EL BY STATE - SI	PECIALIZED TRANS	/ PORTATIO	ON, INC.	
Month Day Year Print Lead Driver's Name	2 (Yeax	ı		94/8/
		1 D		Agent 7 (1)	11 6
Tractor/Str. Truck Clint PLACE AN (X) F RENTAL UNIT	Agent 5 7,	ROUTES TRAVELED		Code L	L/LITERS FUEL PURCHASED
ODOMETER READINGS REQUIRED BY "IFTA" BEGINNING CITY/STATE	STATE/PROVINCE	HOUTESTRAVELED	WILLS	Z / Z	ELITERO POLE PORTO MOLES
TUALATIN TILLE				$\gamma / \leq 1$	
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				/Prin	t Last Name, First Ini	tial - Ex. Smith, R)	
Today's Date/Off Duty Begin Date	If multiple off-duty da	ays, enter end date h	here:	; 1co	×1/2	001	eyt
(Month) (Day) (Year)	(Month)	Day) (Year)		I certify these	entries are true and	correct.
775 23	6866		76	77-	To	MA	w/2
Total Miles Driving Today)	(Tractor Number)			(Safety #)	/	(Driver's Sign	ature in Full)
1 5	X22	7-				/	
	(Trailer Number)	o IN 46898		(Co-Driver ID)		(Print Co-Dr	iver Name)
Specialized Transportation Inc 5001 US	Hwy. 30W - Fort Way			2 3 4 5	6 7 8	9 10 1	TOTAL HOURS
1: Off Duty 2: Sleeper	5 6 7	8 9 10	11 NOON				
3: Driving 4: On Duty (Not Driving)	<u>. </u>		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				110055
(Not Driving)	111111111111111	17111111111		1			24.00
REMARKS:		Week CH	n+2)cord			/	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
B/L NO. SJ3 47910	LOG USING	STANDARD TIM	E OF HOME T	ERMINAL 50	+ Lall	eciti	y Utah
B/L NO. 510 1777					(Hor	me Terminal Address	
		DAILY	VEHICLE CO	NDITION REPORT	WE DI AGE AN (W	IN THE ADDRODE	DIATE BOY
THIS IS AN END OF THE DAY INSP IF NO DEFECTS ARE FOUND, PLAC 1. Air Hoses and Connectors 2. Coupling Devices 5. Coupling Devices 6. I	JE AN (X) IN THE BU	☐ 7. Triangles	and Fuses r and/or Electric)	☐ 11. Steering Mechanis	m 14. Lights	ometer and Reflectors	□ 15. NO DEFECTS
****	EC AND EUR	I DV STA	TE . SDE	CIALIZED TRA	NSPORTAT	TION. INC.	
Month Day Year	Print Lead	Dada	O. A	12/00		Lead Hauler C	26181
Tractor/Str. Truck 6 Digit #	Driver's Name	Agent	reg (1		Agent 7	(1(15
	X) IF RENTAL UNIT	Agent Name _	15%	FOU	97	Code	GAL/LITERS FUEL PURCHASED
ODOMETER READINGS REQU	JIRED BY "IFTA"	STATE/PROVINCE	F	OUTES TRAVELED		LES/KILOWETENS	CADETERO I CEL TOTOLIACES
Weed 919	53/	<u>C</u> 4	工S	50 IS-	-SU _		
BEGINNING - ODOMETER 9/97	566	CA				333	
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ENDING CITY/STATE							
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				ORIVE			
			LEAD	OBINIE			
			LEAD	ORIVE			
Attach Fuel Receipts to Miles a	and Fuel Section.		LEND	ORIVE		335	TOTAL MILES/KILOMETERS DRIVEN TODAY

If multiple off-d	uty days, enter end date here:	(Print Last	t Name, First Initia	I - Ex. Smith, R)	
03-27-16	-	WILCOX	HR	DAN	ely
(Month) (Day) (Year) (Month)	(Day) (Year)		I certify these er	ntries are true and o	correct.
0299 (Tractor Nun	shor)	(Safety #)	YOU	(Driver's Signa	ature in Full)
(Total Miles Driving Today)					
(Trailer Nur		(Co-Driver ID)		(Print Co-Dr	iver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort			6 7 8	9 10 11	TOTAL HOURS
MID- NIGHT 1 2 3 4 5 6	7 8 9 10 11 	NOON 1 2 3 4 5	गेन्निन्न	ППППП	1100.75
1: Off Duty		╢┩┩ ╫╫	++++++		1625
2: Sleeper					66.05
3: Driving 4: On Duty 4: On Duty					0005
(Not Driving)	, <u>, , , , , , , , , , , , , , , , , , </u>	H F			04.00
REMARKS:	45	3 3			1/4 = 0.25 1/2 = 0.50
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	12 Si	280			
B/L NO. 57347910 LOG USI	NG STANDARD TIME OF	HOME TERMINAL SaltL	aleci	rerminal Address)	h
		COUNTY DEPOST	(Home	4 offinial year easy	
THIS IS AN END OF THE DAY INSPECTION (FMCSI	DAILY VEH 396.11), IF ANY COMPON	ICLE CONDITION REPORT ENTS ARE FOUND TO BE DEFECTIVE, I	PLACE AN (X)	N THE APPROPE	RIATE BOX.
IF NO DEFECTS ARE FOUND, PLACE AN (X) IN TH ☐ 1. Air Hoses and Connectors ☐ 4. Tires	☐ 7. Triangles and I	Fuses 10. Farking Brake Fuses 11. Steering Mechanism	13 Speedor		15. NO DEFECTS
☐ 2. Coupling Devices ☐ 5. Glass and Mirrors ☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher	☐ 8. Horn (Air and/☐ 9. Windshield Wi		1601	1/4	MX
	UEL BY STATE	- SPECIALIZED TRANS	PORTATI	ON, INC.	
Month Day Year Print Lead Driver's Nam	Rodnes	w:/cex		Lead Hauler Code	20618
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UI		,t.c		Agent 7	145
ODOMETER READINGS REQUIRED BY "IFT		ROUTES TRAVELED	MILE	S/KILOMETERS	GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE 919566	CA	SE			
BEGINNING - ODOMETER	CA			299	0,3
ENDING - ODOMETER					
ENDING CITY/STATE	_				
ENDING GITTOFATE					
		10 0c.	8		
		2,50 O.S.	-		
		7,00	-		
Attach Fuel Receipts to Miles and Fuel Secti		200 CC.			TOTAL MILES/KILOMETERS DRIVEN TODAY

Today's Date/Off Duty Begin Date	If multiple off-duty days, enter end date here	Print La	ast Name, First Initial - Ex. Smith, F	Jely H
(Month) (Day) (Year) 2 9 9 Total Miles Driving Today)	(Month) (Day) (Year)	(Safety #)	I certify these entries are true a	Signature in Full)
Specialized Transportation Inc 5001 US H	(Trailer Number) wy. 30W - Fort Wayne, IN 46898	(Co-Driver ID)	(Print C	o-Driver Name)
MID-NIGHT 1 2 3 4 1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving) REMARKS: B/L NO. A D C J B C C THIS IS AN END OF THE DAY INSPERIENCE TO CONNECTED A CONNECTED A CONNECTED A CONNECTED A CONNECTED A CONNECTED A CONNECTED B CONNECTED	LOG USING STANDARD TIME OF THE CONTROL OF THE CONTR	HICLE CONDITION REPORT NENTS ARE FOUND TO BE DEFECTIVE, FECTS".	Calle C. T. (Home Terminal Addr	
MILE	S AND FILE RY STATE	E - SPECIALIZED TRANS	SPORTATION, INC	C.
Month Day Year 1 Tractor/Str. Truck 6 Digit #	Print Lead Driver's Name Agent Name	y Wilcox 5t.	Lead Hauler Code Agent Code MILES/KILOMETER	7445
BEGINNING - ODOMETER 920 ENDING - ODOMETER	04	10	299	}
ENDING CITY/STATE		, O P 1 K 1		
Attach Fuel Receipts to Miles a	and Fuel Section.	1, 500 2 C		TOTAL MILES/KILOMETERS DRIVEN TODAY
FUEL RECEIPTS WILL NOT B	E ACCEPTED IF THE DATES HAVE	BEEN CHANGED		

ORIGINAL - Submit to carrier DUPLICATE - Retain in your possession for 8 days

DRIVER'S DAILY LOG

S S S S S S S S S S S S S S S S S S S	multiple off-duty days, enter end date here:	(Print Last	Name, First Initia	- Ex. Smith, R)	
Today's Date/Off Duty Begin Date		WILLOX	HEC	dn	elyl
(Month) (Day) (Year)	(Month) (Day) (Year)	7657	I certify these er	ntries are true and co	rrect
(Total Miles Driving Today)	(Tractor Number)	(Safety #)	100	(Driver's Signat	ure in Full)
	(Trailer Number)			(Print Co-Driv	er Name)
Specialized Transportation Inc 5001 US Hw		(Co-Driver ID)		(PIIII CO-DIV	er Name,
1: Off Duty 2: Sleeper 3: Driving	5 6 7 8 9 10 11 N	IOON 1 2 3 4 5 6	5 7 8	9 10 11	TOTAL HOURS
4: On Duty (Not Driving)	<u> </u>	<u> </u>		<u> </u>	
REMARKS:	FireBANGA CA	OCTUBES OF		ty ut saw	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
	THE OF B	HOME TERMINAL Salt	alesc	ity ux	gh
B/L NO. 10621300	LOG USING STANDARD TIME OF H	TOWE TERMINAL	(Home	Terminal Address)	
IF NO DEFECTS ARE FOUND, PLACE A □ 1. Air Hoses and Connectors □ 4. Tires □ 2. Coupling Devices □ 5. Glas	TION (FMCSR 396.11). IF ANY COMPONE! AN (X) IN THE BOX MARKED "NO DEFEC	ses	PLACE AN (X) II	N THE APPROPRI	ATE BOX. 15, NO DEFECTS
				/	
MILES	AND FUEL BY STATE -	SPECIALIZED TRANS	PORTATI	ON, INC.	
Month Day Year 6 3 - 2 9 - 16	Print Lead Redne			-	2618
Tractor/Str. Truck 6 Digit # P! AC	E AN Agent SX	'Rediman		Agent Z C	143
ODOMETER READINGS REQUIR		ROUTES TRAVELED	MILE		GAL/LITERS FUEL PURCHASED
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BEGINNING - ODOMETER 900	8660115	NO 15 NO		402	
ENDING - ODOMETER		0		65	
ENDING CITY/STATE	2/		_		
		,0			
	- 4	2			
					_
Attach Fuel Receipts to Miles and	Fuel Section.	EEN CHANGED		567	TOTAL MILES/KILOMETERS DRIVEN TODAY

Today's Date/Off Duty Begi	16	days, enter end date here:	W L L C X	st Name, First Initial - Ex. Smith, F	ey
(Month) (Day)	(Year) (Month)	(Day) (Year)	7677-	I certify these entries are true a	And correct. Signature in Full)
(Total Miles Driving Today)	(Tractor Numbe	7	(Safety #)		o-Driver Name)
Specialized Transportation	Inc 5001 US Hwy. 30W - Fort Wa	iyne, IN 46898	(CO-DIIVEL 1D)		
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	2 3 4 5 6 7	8 9 10 11		6 7 8 9 10	TOTAL HOURS TOTAL HOURS
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	a di	,	Sto ola		
	7. A. K.	(3/8 3/6		
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B/L NO. AD62	1366 LOG USIN	STANDARD TIME OF	HOME TERMINAL Salt GO	(Home Terprinal Add	ress) all
7.50				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
THIS IS AN END OF	THE DAY INSPECTION (FMCSR 3	DAILY VEH 96.11), IF ANY COMPON	ICLE CONDITION REPORT ENTS ARE FOUND TO BE DEFECTIVE	, PLACE AN (X) IN THE APPR	OPRIATE BOX.
IF NO DEFECTS ARE 1. Air Hoses and Cor	FOUND, PLACE AN (X) IN THE	BOX MARKED "NO DEFE	Fuses 11. Steering Mechanism	☐ 13. Speedometer ☐ 14. Lights and Reflectors	☐ 15 NO DEFECTS
☐ 2. Coupling Devices ☐ 3. Wheels and Rims	☐ 5. Glass and Mirrors	☐ 8. Horn (Air and/☐ 9. Windshield Wi	or Electric) 🗆 12. Service Brakes 🥌	Very he	when
wilding and			51117211 0 01011111		
	MILES AND FU	IEL BY STATE	- SPECIALIZED TRANS	SPORTATION, IN	C.
Month Day	Year Print Lead	Vodne		Lead Hauler Code	02618
Tractor/Str. Truck 6 Digi	Driver's Name		/		71111
<u></u>	(X) IF RENTAL UNIT	140110	ROUTES TRAVELED	Agent Code _	RS GAL/LITERS FUEL PURCHASED
ODOMETER REA BEGINNING CITY/STATE	DINGS REQUIRED BY "IFTA		,		
DESCRIPTION OF SMITTER	921/3/	61	I 5 WC		
BEGINNING - ODOMETER	92/189	W 2		1 58	5
ENDING - ODOMETER	12 4 1				
ENDING - ODOMETER	621370		20		
ENDING CITY/STATE	921370		167		
	921370		ANE TO C		
	921370		NORNE?		
	G21370		O DENTER		
	G21370		EVO OBINES		
	921370		CAN CANALLY		

		(Drint Loot N	Name, First Initial - Ex. Sr	nith R)
03-31-16	uty days, enter end date here: (Day) (Year)	WITCOX	HROd	ney
VB65 03656	7	(Safety #)	I certify these entries are	yee and correct.
(Tractor Nun	27			
Specialized Transportation Inc 5001 US Hwy. 30W - Fort		(Co-Driver ID)	. (F	rint Co-Driver Name)
MID- NIGHT 1 2 3 4 5 6	7 8 9 10 11 NO	ON1 2 3 4 5 6	7 8 9	10 11 TOTAL HOURS
2: Sleeper				1005
3: Driving 4: On Duty (Not Driving)				
REMARKS:	WA		1 40	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
	1416		5754 5754	
+	15, 15, 15, 15, 15, 15, 15, 15, 15, 15,	. //	73	
B/L NO. 1/1 (533500 LOG USI	NG STANDARD TIME OF HO	ME TERMINAL SaltL	(Home Terminal	Address Address
	DAILY VEHICLE	CONDITION REPORT		
THIS IS AN END OF THE DAY INSPECTION (FMCS) IF NO DEFECTS ARE FOUND, PLACE AN (X) IN TH 1. Air Hoses and Connectors 2. Coupling Devices 3. Wheels and Rims 6. Fire Extinguisher	396.11). IF ANY COMPONENTS	ARE FOUND TO BE DEFECTIVE, PL 10. Parking Brake 11. Steering Mechanism	ACE AN (X) IN THE A	
	UEL BY STATE - S	PECIALIZED TRANSÉ	ORTATION,	INC.
Month Day Year G 3 - Z / - / G Print Lead Driver's Nam	· To dray 1	vi/cer	Lead Ha Code	uler <u>C2618</u>
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UI		Rovina	Agent Code MILES/KILOM	7445 ETERS GALLITERS FUEL PURCHASED
ODOMETER READINGS REQUIRED BY "IFT	Λ .	ROUTES TRAVELED	MILES/KILOW	CANDETENS FUEL PUNCTIAGES
BEGINNING - ODOMETER 91 5-5-4		SE ISSO 18	48 18	9
ENDING - ODOMETER 991735	08 I8	48		5/
ENDING CITY/STATE)	1/6/		
		- 0k.		
		<u> </u>		
Attach Fuel Receipts to Miles and Fuel Section FUEL RECEIPTS WILL NOT BE ACCEPTE	on. DIF THE DATES HAVE BEE	N CHANGED	_3,	TOTAL MILES/KILOMETERS DRIVEN TODAY