

TRANSPORTATION LOG

TRIP DATE _____
Company Name Here _____
 DRIVER # _____ CAR # _____
DRIVER NAME: _____
TRIP AUTHORIZATION #: _____

Bill to:
 ___ Contract #1
 ___ Contract #2
 ___ Private Customer

Vehicle Safety Check		
Driver completes at start & end of the day		
___ Safety Equipment ___		
___ Tires ___	___ Brakes ___	___ Lights ___
___ Fluids ___	___ Wipers ___	
___ Seatbelts ___	___ Vehicle Damage ___	

CLIENT NAME		INBOUND PICK UP ADDRESS (client home)	PLEASE USE COMPLETE ADDRESS		DESTINATION ADDRESS (clinic, etc.)		
X		CLIENT SIGNATURE	1. Odometer reading		Misc Fee: Meal, Prk, Share	5. Drop off time	
			2. Trip begin time			6. Odomtr reading	
			3. Time Client pick up			Total Mlg	Total \$
			4. Odometer reading			List time in quarter-hour increments	
PHONE #		RETURN PICK UP ADDRESS (clinic, etc.)	PLEASE USE COMPLETE ADDRESS		DESTINATION ADDRESS (client home)		
X		CLIENT SIGNATURE	6. Odometer reading		Misc Fee: Meal, Prk, Share	8. Drop off time	
			7. Time Client picked up			9. Odomtr reading	
			TOTAL TIME			10. Trip end time	
						11. Odomtr reading	
			List time in quarter-hour increments		Total mlg		Total \$

By the following signature, I certify that I transported the above clients: _____
 Comments: _____
DRIVER SIGNATURE: _____
DATE SIGNED: _____

OFFICE USE ONLY: By signing, I certify that all information is accurate and stated charges have in fact been incurred in accordance with the rates set forth in the service contract.
AUTHORIZED SIGNATURE: _____
TITLE: _____ **OWNER:** _____ **DATE:** _____
TOTAL OF FARES ON THIS PAGE: \$ _____

Please complete white areas legibly and in ink. Please DO NOT write in the shaded areas.