

DRIVER'S NAME:

OWNER OPERATOR'S TRIP REPORT

TRACTOR # TRAILER #

WEEK END DATE

ADVANCES

	DATE	LOAD #	LOAD ORIGIN	DESTINATION	GROSS	%	WAGES	DATE	AMOUNT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

EXPENSES

Tolls:	<input type="text"/>	<input type="text"/>
Oil:	<input type="text"/>	<input type="text"/>
Misc:	<input type="text"/>	<input type="text"/>
Repairs:	<input type="text"/>	<input type="text"/>
TOTAL:	<input type="text"/>	<input type="text"/>