

Employee: _____ Truck # _____ Date: _____

Time	Arrive	Left	Property and/or Location	Description of Work	Time Allocation
START MILEAGE: [_____]					
8:00					
8:15					
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
10:45					
11:00					
11:15					
11:30					
11:45					
12:00					
12:15					
12:30					
12:45					
1:00					
1:15					
1:30					
1:45					
2:00					
2:15					
2:30					
2:45					
3:00					
3:15					
3:30					
3:45					
4:00					
4:15					
4:30					
END MILEAGE: [_____]					

Employee Signature: _____

Approved By: _____ Total: _____

MILEAGE OVERAGE TO BE REIMBURSED: [_____]

LUNCH