

WEEK ENDING:.....

DRIVER'S NAME (PRINT):.....

WEEKLY TRIP SHEET

Truck Reg No:

Trailer Reg No:

Dolly Reg No:

Trailer Reg No:

Dolly Reg No:

Trailer Reg No:

Confirm Fitness for Work: (Driver to Tick Box) ✓	SUN	MON	TUES	WED	THUR	FRI	SAT
Dimension & Load Check List Completed (Driver to Tick Box) ✓	SUN	MON	TUES	WED	THUR	FRI	SAT
Daily Vehicle Check List Completed (Driver to Tick Box) ✓	SUN	MON	TUES	WED	THUR	FRI	SAT

	Odometer Start:			Start Location:							Finish Location:							Odometer Finish:									
	24.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	Total	Signature	
SUNDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											
MONDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											
TUESDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											
WEDNESDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											
THURSDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											
FRIDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											
SATURDAY																											
Work Time																											
Breaks from Driving																											
Non Work Time																											

Is your driver's licence valid? Yes No

OFFICE USE
Checked / Recorded by: _____

Total Working Hours Per Week: _____

NOTE: Divisions of each hour are marked in 20 minute increments