

O ♦ A ♦ K ♦ L ♦ E ♦ Y

TRUCKING, INC.

Monthly Maintenance Report

Truck # _____ Month: _____ Odometer _____ (last day of month)
(For Fuel Tax purposes)

Instructions: Indicate below the date each item was repaired or inspected (in addition to the daily trip inspections) and note by marking the date in the "maintenance" box. If an item needs to be repaired place the date in the "repairs needed" box and briefly describe the maintenance performed

INCLUDE ALL RECEIPTS

	OK	Date of Inspection or Repairs Made:	Description of Inspection or Repairs:
Brake System			
Clutch			
Fifth Wheel			
Tires			
Miscellaneous			

Routine Maintenance:

Oil Change			
Greased			
Lighting			
Filters			
Exhaust System			
Cooling System			
Fuel System			

Powertrain Work:

Engine			
Transmission			
Axles			
Frame			
Body & Cab			
Suspension			

I certify this is a true statement of work performed. _____
(Owner-Operator Signature)

Maintenance Reports are due the first pay period of each month for the previous month's work!

Transflo in w/ paperwork - use valid pay number!

DOC. #14

Fax 501-945-5710 / 501-907-4738