

Week of: _____ Driver Name: _____ Truck #: _____ Trailer #: _____

LOAD & REVENUE TRACKER

Day	Broker / Shipper	Origin → Destination	Loaded Miles	Deadhead Miles	Rate Offered	Rate / Mile	Accept Y / N

FUEL LOG (USE FOR IFTA REPORTING)

Date	State	Station / Location	Gallons	Price/Gal (\$)	Total Cost (\$)	Odometer

OTHER WEEKLY EXPENSES

Date	Category	Vendor / Description	Amount (\$)	Receipt Y / N

WEEKLY SUMMARY

Total Loaded Miles: _____

Total Deadhead Miles: _____

Total Miles (All): _____

Total Fuel Cost (\$): _____

Total Other Expenses (\$): _____

Gross Revenue (\$): _____

Total Expenses (\$): _____

Net Income (\$): _____

Avg Rate Per Mile (\$): _____

Cost Per Mile (\$): _____