

# INSPECTOR'S DAILY REPORT

INSPECTOR _____	DISTRICT _____	DATE _____
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## MOTOR VEHICLE RECORD

Make of Auto _____				State License No. _____	
SPEEDOMETER READING	Miles Driven	Less	Miles Allowed	Number of Inspections	
Arr. Home				Special _____	Regular _____
Last Job				Total _____	
First Job				CARFARE	# of Job Orders
Office					
Lv. Home				TELEPHONE	PARKING
LEFT OFFICE AT _____		Total Miles Due _____			

	PERMIT NO.		LOCATION OF JOB
		1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	
		11	
		12	

Mail or deliver this report at the end of each day.

**Numbers may be continued on back of form.**