RYAN LOGISTICS, INC.
SOLUTIONS ON TIME

Local Driving Daily Worksheet

Driver Name:		Start Mileage	
Truck Number:		End Mileage	
		Total Miles	
Start Time:			
Ending Time			
Total hrs. for day		*Date:*	

Location	*Mileage*	*PU/DEL/DROP*	*LD/MT*	*Trailer #*	*Facility*

Driver Signature: _____