



Date _____

Truck Driver Owner/Operator Income-Expense Record

NAME: _____ MONTH/YEAR _____

INCOME: _____ Monthly Yearly

Local Out of State

EXPENSES:

Interest Expense	_____	Equipment	_____
License/Permits	_____	Equipment	_____
Insurance	_____	Equipment	_____
Fuel	_____	Equipment	_____
Maintenance	_____	Equipment	_____
Tires	_____	Equipment	_____
Truck Washes	_____	Equipment	_____
Tolls and Scales	_____	Equipment	_____
Cell Phone	_____		
Radio/Airtime	_____		
Supplies	_____		
Tools	_____		
Total Expenses	_____		

Per Diem Received _____

Days out - Full Days (\$63/day) _____

Days out - Partial Days (\$63/day) _____

Truck: Year _____ Make _____ Model _____

Date Purchased: _____ Purchase Price: _____

Beginning Year Mileage: _____ Ending Year Mileage: _____

Vehicle: Year _____ Make _____ Model _____

Date Purchased: _____ Purchase Price: _____

Beginning Mileage: _____ Ending Mileage: _____