B.N. DULAY'S TRUX LTD

Vehicle Inspection, Repair & Maintenance Record

MONTH _____ YEAR : _____ UNIT# _____

****All repairs/maintenance require copies of invoices including any done by driver...must provide copies of receipts for supplies.****

DATE	ODOMETER	TYPE OF REPAIR	WORK DONE BY	INVOICE NO.

Drivers Signature: _____

RECEIVED ON : _____ ENTERED BY: _____