| Date: | | TAXICAB | | Cab #: | | | | | |
|--------------------|--------------------|--------------|-----------------|---------|--------------|------------------------|--------|-----|-------------|
| Driver: | | MANIFEST | | Tag # | <u>+</u> : | | | | |
| | | | | | VIN# | <u>:</u> | | | |
| Start Time: | | | Odometer Start: | | | | | | |
| End Time: | | | End: | | | | | | |
| Misc. Expenses: | | | | | | | | | |
| CHECK FO | R "LOST" A | ARTICLES AI | FTER EACI | H TRIP | | | | | |
| NUMBER OF PASS. | NUMBER OF TRIPS | | | ТО | | TIME (AM/PM) P.U. DROP | | | RE EXTRA |
| OF TASS. | 1 | FROM | | 10 | | | | | |
| | 2 | | | | | : | : | \$. | \$. |
| | 3 | | | | | : | : | • | • |
| | 4 | | | | | : | : | • | • |
| | 5 | | | | | • | : | • | • |
| | 6 | | | | | • | : | • | • |
| | 7 | | | | | : | : | • | • |
| | 8 | | | | | <u> </u> | | • | • |
| | 9 | | | | | : | : | • | • |
| | 10 | | | | | <u> </u> | | • | • |
| | 11 | | | | | : | : | • | • |
| | 12 | | | | | : | : | • | • |
| | 13 | | | | | • | • | • | • |
| | 14 | | | | | • | • | • | • |
| | 15 | | | | | <u> </u> | | • | • |
| | 16 | | | | | <u> </u> | • | • | • |
| | | | | | | • | TOTAL: | • | |
| I certify the | at I have driv | en Cab No.:_ | | on abov | e date for a | total of | | ho | urs. |
| | | | | | | | | | |
| DRIVER'S | S SIGNATUI | RE | | | | | | | |

CHECK FOR "LOST" ARTICLES AFTER EACH TRIP

| NUMBER | NUMBER | | TIME (AM/P | | AM/PM) | FARE | | | |
|--------------------|----------|--------|------------|------|--------|-------|-------|--|--|
| OF PASS. | OF TRIPS | FROM | ТО | P.U. | DROP | METER | EXTRA | | |
| | 17 | | | : | : | \$. | \$. | | |
| | 18 | | | : | : | • | • | | |
| | 19 | | | : | : | • | • | | |
| | 20 | | | • | : | • | • | | |
| | 21 | | | : | : | • | | | |
| | 22 | | | : | : | • | | | |
| | 23 | | | : | : | • | | | |
| | 24 | | | : | : | • | | | |
| | 25 | | | : | : | • | • | | |
| | 26 | | | : | : | • | | | |
| | 27 | | | : | : | | | | |
| | 28 | | | : | : | • | | | |
| | 29 | | | : | : | • | | | |
| | 30 | | | : | : | • | | | |
| | 31 | | | • | : | • | | | |
| | 32 | | | : | : | • | | | |
| | 33 | | | • | : | • | | | |
| | 34 | | | : | : | • | | | |
| | 35 | | | : | : | • | | | |
| | 36 | | | : | : | • | | | |
| | 37 | | | : | : | • | | | |
| | 38 | | | : | : | | | | |
| | 39 | | | : | • | | | | |
| | • | | | | | | | | |
| FIRST PAGE TOTAL: | | | | | | | | | |
| GRAND TOTAL: | | | | | | | | | |
| I certify th | ho ho | hours. | | | | | | | |
| | | | | | | | | | |
| DRIVER'S SIGNATURE | | | | | | | | | |