DAY CARD

FORM 60-1 (REV. 9-64)

OPERATOR _____
LAST NAME FIRST NAME INITIAL

RUN NO. _____ BADGE NO. _____ ROUTE _____ DATE _____

VEHICLE NO.				
TRAIN NO.				
TILL NO.				

REGISTER READING

REGISTER NO.				
ENDING				
STARTING				
REGISTERED				

SCHED. TIME HR.	SCHED. TIME MIN.	TERMINUS LOCATION	REGISTER READING	NO. REG.	TRANS. COLL.
			TOTAL		

HAND COLLECTION

	COLLECTION MADE AT LOCATION	COLLECTION MADE AT TIME	AMOUNT COLLECTED	
1				
2				
3				
4				
5				
		TOTAL		

OPERATOR _____
LAST NAME FIRST NAME INITIAL

RUN NO. _____ BADGE NO. _____ ROUTE _____ DATE _____

START	M.	M.	M.	M.
FINISH	M.	M.	M.	M.
VEHICLE NO.				
MILEAGE				