VEHICLE LOG

Vehicle _____

DATE	TIME OUT	TIME IN	EMPLOYEE NAME	DESTINATION	*VEHICLE CHECK	MILEAGE OUT	MILEAGE IN	NUMBER OF GALLONS	TOTAL $ AMOUNT

FUND	PROGRAM	GRANT/ CONTRACT CODE	DISTRIBUTION CODE	COST CENTER	LINE ITEM	TOTAL $ AMOUNT

VEHICLE MAINTENANCE	ODOMETER READING	DATE	COMMENTS
Routine Service			
☐ Repairs			
☐ Other			

*Vehicle Check: note concerns about safety, damage, cleanliness

_____
Approval Signature