

| Month:       |  |
|--------------|--|
| Year:        |  |
| Vehicle No.: |  |

| Date | Destination | Purpose | Ending<br>Odometer | Begin<br>Odometer | Total<br>Mileage | Gas<br>Gal. | Oil<br>Qts. | Driver Signature | Supervisor<br>Signature |
|------|-------------|---------|--------------------|-------------------|------------------|-------------|-------------|------------------|-------------------------|
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |
|      |             |         |                    |                   |                  |             |             |                  |                         |