		D	AILY REPORT	OF THE USE O	OF STATE-OWNE	ED MOTOR VEHICLE	
Vehicle #:	License Plate #:				Week Ending:		
Vehicle Make:	Department:						
	Odometer Reading		Daily Gasoline		oline	PURPOSE FOR WHICH THE VEHIC	CLE WAS USED
Date	Beginning	Ending	Mileage	Gallons	Total	(list locations for out of to	wn travel)
Totals							
THE FOLLOWING CERTIFICATE MUST BE SIGNED BY THE DRIVER BEFORE TURNING IN THE REPORT						Date & Names of Passenge	rs Carried
I hereby acknowledge that the mileage information							
provided herein is true and accurate to the best of my							
knowledge and reflects an actual record of the use of the							
above listed fleet vehicle.							
		_					
Date:		S	ignature of Ope	rator			