

**DAILY REPORT OF THE USE OF STATE-OWNED MOTOR VEHICLE**

Vehicle #: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Department: \_\_\_\_\_

Date	Odometer Reading		Daily Mileage	Gasoline		PURPOSE FOR WHICH THE VEHICLE WAS USED (list locations for out of town travel)
	Beginning	Ending		Gallons	Total	
<b>Totals</b>						

**THE FOLLOWING CERTIFICATE MUST BE SIGNED BY THE DRIVER BEFORE TURNING IN THE REPORT**

*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 & Names of Passengers Carried**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

Signature of Operator \_\_\_\_\_