

Vehicle Gas Usage Form

RECEIPT

Vehicle Information

Year/Make/Model

Vehicle #

License Plate #

VIN #

Department Name

Dep. ID

Vehicle Check out Date

Vehicle Check-In Date

Fuel level at Check-out

Full

Half

3/4

1/4

Mileage Out

Mileage In

Gas Cost
(Total)

Gas Cost
(per Gallon)

I certify that the information provided on this form is true and correct.

Name

Signature

Date

Submit completed form with Receipt to the Approving Official or Designee. Form required for every trip.