

Bossier Parish Community College

MILEAGE LOG

Date _____ Vehicle _____ Key _____

Trip Request # _____

Driver (please print) _____

Department _____

Phone Number _____

PRE-TRIP

Beginning mileage _____

Fire extinguisher located? yes no

First aid kit located? yes no

Is vehicle clean? yes no

Current gas level _____

POST-TRIP

Enter trip origin, destination, and all points in between _____

Enter total price of fuel added to vehicle _____

Enter gallons of fuel added to vehicle (to the tenth) _____

Ending mileage _____

Total trip mileage _____

PLEASE CLEAN VEHICLE AND FILL GAS TANK BEFORE RETURNING. RETURN THIS FORM, KEY AND COPIES OF ALL GAS RECEIPTS TO PHYSICAL PLANT AS SOON AS POSSIBLE AFTER TRIP. USE BACK OF THIS FORM FOR ADDITIONAL COMMENTS AND/OR CONCERNS.

PHYSICAL PLANT USE ONLY

Date returned _____ Key Returned yes no

Receipts submitted yes no

Maintenance Representative

Driver of Vehicle