



District Vehicle Driver Report

6650 F4

Driver _____ Date(s) _____ Vehicle _____

Program/Event _____

Destination _____

Beginning Odometer _____ Ending Odometer _____ Total Mileage _____

If you purchase gas, please enter the total amount __\$_____ (turn in receipts)

Department Account Code (for mileage) _____

Concerns about vehicle _____

By signing this I verify I supplied proof of valid State Defensive Driving Training certificate and that I will bring the vehicle back clean. _____

In case of emergency, notify emergency contact listed below

Emergency Phone Numbers:

_____	_____	_____
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NAME

WORK PHONE

CELL PHONE

_____	_____	_____
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