Vehicle Custodian _____ _____ (Last) (First)

VEHICLE USE REPORT
Monthly

Activity _____ Other Identification Code _____

Report Month _____ 19____ Vehicle Make _____ Type _____ Year _____ Lic. No. _____ Inv. No. EXHIBIT F8

DATE	Previous months odometer / Daily ending odometer or hour meter readings	Miles Driven Primary Fuel	Miles Driven Alt Fuel	Purpose or Program and location in which vehicle was used	Drivers Last Name	Primary Fuel Gallons	Primary Fuel Cost (Total)	Alternative Fuel Gallons	Alternative Fuel Cost (Total)	DAY	Maintenance and Other Expenses: Purchase order, Work order, or Invoice #	Maintenance Code: Feature Code	Maintenance Code: Sub-feature Code	Cost (Total)
1							$.		$.					$.
2							$.		$.					$.
3							$.		$.					$.
4							$.		$.					$.
5							$.		$.					$.
6							$.		$.					$.
7							$.		$.					$.
8							$.		$.					$.
9							$.		$.					$.
10							$.		$.					$.
11							$.		$.					$.
12							$.		$.					$.
13							$.		$.	DAY	Total Repair Cost			$.
14							$.		$.		Passengers (Art. 146 P.C.)			
15							$.		$.					
16							$.		$.					
17							$.		$.					
18							$.		$.					
19							$.		$.					
20							$.		$.					
21							$.		$.					
22							$.		$.					
23							$.		$.					
24							$.		$.					
25							$.		$.	DAY	Driver other than primary	Oil other than oil change		
26							$.		$.					
27							$.		$.			DAY	QTS	Cost (Total)
28							$.		$.					
29							$.		$.					$
30							$.		$.					$
31							$.		$.					$
Total Miles				Total Fuels			$.		$.					$

Circle Primary Fuel Used

Gasoline *Diesel*

Circle Alternative Fuel Used

CNG *Propane* *Other*

Methanol *Ethanol-blend*

I certify that I have read the provisions of law quoted on the front page of this form book and that the foregoing report is correct and that the operation and maintenance of this vehicle have been in accordance with lawful orders.

_____ Signature of Custodian