

## 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.**