MILEAGE SHEETS FOR THE HEAD START VEHICLES

LOCATION: SPO **NEXT ROUTINE** Veh MODEL:_____

VEH #:_____ **SERVICE DUE:**_____ DATE COVERED:_____

DATE	DRIVER	DEPARTURE TIME	DEPARTURE PLACE	DESTINATION	PURPOSE	TIME OF ARRIVAL	ODOMETER BEGIN	ODOMETER END	TOTAL MILES

Form should be reviewed and sent to transportation office (SPO) at least monthly. **Total Miles: _____**

Note: If transporting a child or children, please document the adult that accompanied the driver, and purpose for the trip.

Note gas / other maintenance in purpose column.

Van use must be job related. Valid driver's license must be on file in the SPOffice / personnel file for authorized van/bus use.