

**Klickitat School District  
Vehicle Use Report**

Please complete ALL information requested!!!

Date \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_ Van \_\_\_\_\_ Car

Purpose for Trip \_\_\_\_\_

Destination(s) \_\_\_\_\_

Actual Time Out \_\_\_\_\_

Actual Time In \_\_\_\_\_

Odometer Reading (Whole Numbers)

Fuel Purchased \$ \_\_\_\_\_

Ending \_\_\_\_\_

Gallons \_\_\_\_\_

Beginning \_\_\_\_\_

(attach credit card slip)

Total Miles \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_