

RVCC VEHICLE USAGE FORM

Vehicle Requested _____ Vehicle Received: _____

Employee Name: _____

Date(s) of Travel: _____ To: _____

Over Night: Yes No

Place of Travel: From: _____ To: _____

Pick Up Date: _____ Return Date: _____

Purpose of Travel: _____

Odometer Readings: Starting: _____ Ending: _____

Starting Fuel Level: $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ Full

Returning Fuel Level: $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ Full

Accident: Yes No Please record Details on Back

Department Head / Supervisor: _____

Facilities Manager or Designee: _____

Comments: