Month

 Unit #

 PA

 HS

Make

Model

Model Year

 Gallons

 Down

Trip Mileage

 of Fuel

 Days

 TOTAL EXPENSE FOR MONTH

$

Final Reading:

**Monthly Totals**

TITLE

AUTHORIZED SUPERVISOR

PERSON SIGNING THE REPORT OR THE TRANSPORTATION OFFICER SHALL SUBMIT THIS REPORT TO HIS/HER SUPERVISOR BY THE

THIRD WORKING DAY OF EACH MONTH, WHO SHALL REVIEW, SIGN THE BOX (RIGHT) IF APPROVED, AND FORWARD TO THE AGENCY

TRANSPORTATION COORDINATOR WITHIN THREE ADDITIONAL DAYS.

SIGNATURE OF ASSIGNED DRIVER (IF APPLICABLE)

No Assignment

THE ABOVE RECORD REFLECTS AN ACCURATE ACCOUNTING OF THE USE OF THIS STATE-OWNED VEHICLE, AS ATTESTED TO BY THE

OPERATOR'S INITIALS BY EACH ENTRY (POOL CARS) OR, FOR PERSONALLY ASSIGNED VEHICLES, THE DRIVER'S SIGNATURE. THE LAST

Location where trip began, all points visited, unless did not leave state

grounds; where trip ended & purpose of trip (meeting, site visit, etc.)

g Odometer:

Beginnin

Maint. & Repair Cost

Driver

(

Detail on Reverse Side

)

Other Costs (Detail

on Reverse Side)

 Date

Trip Ending Reading

 Fuel Cost

 Initials

License Plate

Year

**DO NOT INCLUDE INSURANCE COSTS**

Revision 12/20XX

MV3/MV4/SafetyChecklist

DAILY VEHICLE LOG

 STATE OF LOUISIANA

 (AGENCY NAME GOES HERE)

Property Tag Number

VIN

N

N

Initials

$ Parts

$ Labor

$ Parts

$ Labor

Headlamps

Brake/Turn/Hazard/Parking/Backup Lights

Horn

Mirrors/Windows/Windshield

Windshield Wiper/Washer

Adequate Tire Inflation/Tread

Spare Tire & Jack

Fire Extinguisher

Inspection Sticker Current

Fuel Level (F,¾,½,¼,E)

Oil(Indicator in Safe Zone)

Heat/AC

Radio

Tool Kit Accounted For

All Tools Accounted For

**Inspection Verification**

Operator's Initials

Date

Remarks for Faulty Items

 **Equipment**

ate OK in the corresponding box with a (√). Indicate Faulty in the corresponding box with a (x).

Indic

Check clutch pedal free-play

r Reading

Odomete

Service Report: Nature of Repairs (Car wash, tires, etc)

$ Total Cost

**HICLE SAFETY INSPECTION CHECKLIST**

**VE**

**ts**

**Other Cos**

Vendor

 Date

**PREVENTIVE MAINTENANCE RECORD**

Check fluid levels

$ Total Cost

Odometer

Vendor

Visual checks & inspections to be done

 every 6

mths or 6000 miles (whichever is e

arlier)

Change engine oil and filter

Change automatic transmission fluid & fil

ter

Replace air filter

Replace fuel filter

Check PCV valve and exhaust system

Replace wheel bearings

Clean battery posts & clamps

Date Performed

Inspection sticker

Rotate tires

Tune engine

Remove all wheels & inspect brakes

Lubricate all fittings/latches/hinges