

DAILY VEHICLE LOG

Property Tag Number				VIN				License Plate		Month	Year	Unit #
PA		HS		Make		Model		Model Year		DO NOT INCLUDE INSURANCE COSTS		
N		N										
Beginning Odometer:			Gallons of Fuel	Fuel Cost	Maint. & Repair Cost (Detail on Reverse Side)	Other Costs (Detail on Reverse Side)	Down Days	Driver Initials	Location where trip began, all points visited, unless did not leave state grounds; where trip ended & purpose of trip (meeting, site visit, etc.)			
Date	Trip Ending Reading	Trip Mileage										
Final Reading:									TOTAL EXPENSE FOR MONTH		\$	
Monthly Totals									TOTAL EXPENSE FOR MONTH		\$	
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 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			
									AUTHORIZED SUPERVISOR			
									TITLE			

PREVENTIVE MAINTENANCE RECORD

Visual checks & inspections to be done every 6 mths or 6000 miles (whichever is earlier)	Initials	Date Performed	Odometer	Vendor	\$ Parts	\$ Labor	\$ Total Cost
Change engine oil and filter							
Change automatic transmission fluid & filter							
Replace air filter							
Replace fuel filter							
Inspection sticker							
Rotate tires							
Check fluid levels							
Tune engine							
Remove all wheels & inspect brakes							
Check PCV valve and exhaust system							
Check clutch pedal free-play							
Replace wheel bearings							
Clean battery posts & clamps							
Lubricate all fittings/latches/hinges							

Other Costs

Date	Vendor	Odometer Reading	Service Report: Nature of Repairs (Car wash, tires, etc)	\$ Parts	\$ Labor	\$ Total Cost

VEHICLE SAFETY INSPECTION CHECKLIST

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