SAN MIGUEL COUNTY

MONTHLY VEHICLE FUEL LOG

When filling out this form, please adhere to the following instructions:

1 All fields must be completed
2 Receipts **are to be retained by department.**
3 Form **must be** signed by the supervisor and returned to the Finance Department within 10 days of receiving the monthly fuel report

Department _____

Vehicle _____

Month _____

License No. _____

DATE	DRIVER (PRINT)	MILEAGE	FUEL TYPE	NO. OF GALLONS	PRICE/GAL	TOTAL	DRIVERS INITIALS	COMMENTS
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
						$ 0.00		
				Grand Total for the Month		$ 0.00		

(Must agree with receipts and vehicle fuel report provided by the finance office)

_____ REVIEWED BY SUPERVISOR:

_____ DATE