

FLEET VEHICLE USAGE REPORT FORM

Month / Year:				Assigned Driver:				Other Drivers:		
Vehicle/Make/Model:				License Plate Number:				Month/Year Assigned:		
Vehicle Base Location:				Overnight Parking Location:				Vehicle Manager/Owner:		
Odometer Beginning of Month:				Odometer End of Month:				Total Km Driven:		
	es other tl		l etc							
DATE	sh, windshield washer fluid, oil, etc. DRIVER ODOMETER DEST			TINATION ODOMETER TOTAL			FUEL PUR	FUEL PURCHASE ONLY C/F/S		
	INITIALS				END	KM/DAY	\$	LITRE	-,.,5	
							<u> </u>			
Please a	dd in the	ast column	where	ou fueled:	C = Co-o	C = Co-op F = FasGas/RaceTrac S=Sh			S=Shell	
To the best of my knowledge I certify that the information stated in the monthly vehicle report is true										
and accurate.										

Ensure driver name and vehicle is written on all fuel receipts.

This report is to be submitted to the Fleet Manager by the 5th working day of each month.

Employee Name:

Date: