

FLEET MILEAGE LOG

Month/Year: _____

Vehicle Make/Model: _____

License Plate: _____

Vehicle ID (VIN): _____

Department: _____

DATE	DRIVER NAME	DESTINATION / PURPOSE	START ODO	END ODO	TOTAL TRIP
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DATE	DRIVER NAME	DESTINATION / PURPOSE	START ODO	END ODO	TOTAL TRIP
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Monthly Total Mileage:

Supervisor Signature: _____

Date: ____ / ____ / ____