



VEHICLE LOG

VEHICLE: _____

LIC#: _____

DATE	DRIVER	DESTINATION	TIME OUT	TIME IN	MILEAGE OUT	MILEAGE IN	GAS LEVEL	TRASH	CLOSED WINDOWS	LOCKED DOORS	LIGHTS OFF	OIL & FLUID LEVEL CHECK*	
												Checked	Added

* *Note: Check fluids every third or fourth fueling and initial "Oil & Fluid Level Check" column to acknowledge that oil and fluids have been properly checked and added if needed.*