

Monthly Vehicle Use Report/ Fuel Card Transaction Log

Reporting Month & Year: _____
 Department Name: _____
 Department Reviewer: _____
 Reviewer/Approver Ext. and E-mail: _____

Date	Destination	Driver #	# of Gallons / Service Type	Cost	Receipt Collected Y/N
Monthly Total				\$ -	

Cardholder/Department Reviewer _____

Date: _____

Printed Name: _____

Next Reporting Level Approval _____

Date: _____

Printed Name: _____

When using more than one sheet within one month please do not total individual sheets; place grand total of all pages on last form.