



FUEL-GAS SERVICE STATION REPORT

Month _____ Year _____ School _____ Submitted by _____
Print Name

Vehicle Information: Model _____ Year _____ Color _____ License Plate # _____

Date	Mileage	Gas Gallons	Receipt Total	Service Station	Signed
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

Mileage Beginning of Month _____ Mileage End of Month _____

Attach all gas/credit card receipts to this report and submit to the District Office on the last business day of the month.
Rev. 5/19



MAINTENANCE REPORT
(Oil Change, State Inspection, Etc.)

Month _____ Year _____ School _____ Submitted by _____
Print Name

Date of Last Service _____

Vehicle Information: Model _____ Year _____ Color _____ License Plate # _____

Date	Mileage	Repairs/Parts Description	Receipt Total	Service Station or Auto Store	Signed
			\$		
			\$		
			\$		
			\$		
			\$		

Mileage Beginning of Month _____ Mileage End of Month _____

Attach all credit card receipts to this report and submit to the District Office on the last business day of the month.
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