

Florida Gulf Coast University Vehicle Log

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| State License Plate # | Make and Model of Vehicle | Last four of VIN |
|-----------------------|---------------------------|------------------|

One sheet per month, Write legibly for audit review, FILL OUT COMPLETELY, SIGN & DATE

VEHICLE CHECK OUT

| Date | Time Out | Mileage Out | Time In | Mileage In | First & Last Name (Please PRINT) | Destination-Note Type of University Business | Fuel Key # (if applicable) | Gallons |
|------|----------|-------------|---------|------------|-------------------------------------|---|----------------------------------|---------|
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Note: It is supervisor's responsibility to ensure that all information is accurate and entries are legible and descriptive

Supervisor Signature: _____

MM/DD/YEAR: _____

***copy kept with current supervisor*