Automotive Cost Report/Vehicle Log

ATTACHMENT D

Daily Purchases

Month: July

Driver Name:

Equipment Number:

License Plate:

Division:

Gasoline

Date	Outside Purchases Code	Quantity	Amount	State Faciltity Purchase Code	Quantity	Amount
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
	1			1		
Total		0	$0.00		0	$0.00

Date/Other	Code	Quantity	Amount	Code	Quantity	Amount
Total		0	$0.00		0	$0.00

Date/Other	Code	Quantity	Amount	Code	Quantity	Amount
Total		0	$0.00		0	$0.00

Codes:

Gasoline - 1
Oil - 2
Lubrication - 3
Repair Labor - 4
Repair Parts - 5
Tires - 6
Tubes - 7
Battery - 8
Anti Freeze - 9
Miscelaneous - 10

Notes:

Beginning Mileage:

Ending Mileage:

Day of Month	Origin, Daily Stops, and Final Destination	Mileage Beginning	Ending Mileage	Daily Mileage	Commuting Mileage	Commuting Trips
1		0	0	0	0	0
2		0	0	0	0	0
3		0	0	0	0	0
4		0	0	0	0	0
5		0	0	0	0	0
6		0	0	0	0	0
7		0	0	0	0	0
8		0	0	0	0	0
9		0	0	0	0	0
10		0	0	0	0	0
11		0	0	0	0	0
12		0	0	0	0	0
13		0	0	0	0	0
14		0	0	0	0	0
15		0	0	0	0	0
16		0	0	0	0	0
17		0	0	0	0	0
18		0	0	0	0	0
19		0	0	0	0	0
20		0	0	0	0	0
21		0	0	0	0	0
22		0	0	0	0	0
23		0	0	0	0	0

24			0	0	0	0	0
25			0	0	0	0	0
26			0	0	0	0	0
27			0	0	0	0	0
28			0	0	0	0	0
29			0	0	0	0	0
30			0	0	0	0	0
31			0	0	0	0	0
				0	0	0	0

Please Read the following: I certify that the information contained on the Automotive Cost Report/Vehicle Log is correct and all miles driven for this reporting period were done conducting official State of Illinois business. I certify that I hold a valid driver's license and vehicle liability insurance in at least the minimum amounts as required by law. I have read and understand the responsibilities of the Vehicle Policy and this form.

Signature: