MONTH/YEAR: _____ / _____
DJJ TAG NO. _____
VEHICLE: YEAR/ MAKE _____ / _____

DEPARTMENT OF
DAILY VEHICLE USAGE LOG

NEXT PREVENTIVE MAINTENANCE DUE
DATE: _____ MILEAGE: _____

DATE	DESTINATION/PURPOSE	TIME		MILEAGE		FUEL		OIL		MAINT. COST	DRIVER	COMMENTS
		OUT	IN	OUT	IN	GALS	COST	QTS.	COST			

MONTHLY VEHICLE RECAP

MONTH	YEAR	TAG NO	ENDING MILEAGE	----PREVENTIVE MAINTENANCE---- DATE OF SERVICE	PM MILES

----------DAYS---------- IDLE	DOWN	----------FUEL---------- GALLONS	COST	----------OIL---------- QUARTS	COST	MAINTENANCE COST

CONDITION CODE : ☐ GOOD ☐ FAIR ☐ POOR ☐ BURNED ☐ WRECKED

COMMENTS : _____

PREPARED BY: _____
FACILITY NAME/ADDRESS: _____
TELEPHONE #: _____ SUNCOM#: _____