

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*

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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/PartsDescription | Receipt Total | Service Station orAuto 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.*

*Rev. 5/19*