



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
Monthly Vehicle Usage Log**

MIS Form #131
Rev. 11/93

Department _____

Vehicle # _____

DATE	STARTING ODOMETER READING	ENDING ODOMETER READING	TRIP DESCRIPTION AND DRIVER INITIALS

I hereby certify and affirm that this travel was on official business of the District School Board of Pasco County, and was performed for the purpose(s) stated. **NOTE:** Starting odometer reading must agree with previous days ending odometer reading. All emergency calls outside the normal work hours shall be logged separately.

Date _____ Signature of employee _____
For 24 hour vehicle usage

Reviewed by: Supervisor _____
This form is accurate to the best of my knowledge Form filed with supervisor, use additional copies as necessary to complete a month.