Today’s Date:

#  Information

|  |
| --- |
| Name of Driver(please print): |
| Van #: |
| Purpose: |

#  Trip Start

Trip start date: Starting mileage:

Fuel Level at Start: [Full] [3/4 tank] [1/2 tank] [3/4 tank] [Empty] Is the vehicle clean on the outside? [Yes] [No]

Is the vehicle clean on the inside? [Yes] [No]

Pre-Trip Checklist:

 Make sure there is adequate fuel in the vehicle.

 Check appearance of tires.

 Check oil gauge

 Note any body damage

 Recommendation for maintenance:

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| --- |
|  **Trip End**  |
| Trip end date: Ending mileage: Fuel Level at End: [Full] [3/4 tank] [1/2 tank] [3/4 tank] [Empty] Is the vehicle clean on the outside? [Yes] [No]Is the vehicle clean on the inside? [Yes] [No]Post-Trip Checklist: Make sure there is adequate fuel in the vehicle. Check appearance of tires. Is interior clean? Is there any notable body damage? Recommendation for maintenance:Driver’s Name(please print): Signed: Date:  |

#  For Office Use Only

|  |  |
| --- | --- |
| Van Number: |   |
| Trip sheet received: |   |
| Date keys returned: |   |
| Office Manager Approval: |  |
| Fuel Level at return: |  |
| List of any damage, breakdown or other problems: |
| Master Van Calendar Updated: |
| Completed copies sent to: |  Church Office File Custodian |

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