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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