



Monthly Usage Ticket Log Report Government Vehicles

Please complete **daily** and submit to department fleet administration **monthly**.

For Office Use ONLY Entered on F/A Date _____ Initials _____

Equipment ID No.		Operator ID No.			Operator's Name			For Month of	
Dept. ID	Division	Submitted By:			Driver's License No.			Days Used	
Date	Travel Details	Credit Card Information			Non-Credit Card Information	Odometer		Kilometres	
		Fuel	Oil	Other		Begins	Ends	Gov't	Pers
Month-End TOTALS									

Fiscal Year KM Record

Kilometers	Government	Personal	Personal KM Payment	I hereby certify that the information contained herein is correct in all respects. Date _____ Employee Signature _____ Date _____ Approved by (Deputy Head or Designate) _____
This Report				
Previous Totals				
Total to Date				

Forms can be obtained from Document Publishing of the Department of Finance