SOUTH CENTRAL BOCES VEHICLE MILEAGE LOG

Must be submitted to Administrative Office Each Friday

License Plate No: _____

Vehicle Make: _____

Color of Car: _____

Please call Amanda/Peggy/Marian immediately if the car needs maintenance, crack in windshield or any other problems, noises, unusual sounds etc.

DATE	Driver First and Last name	STARTING MILEAGE	ENDING MILEAGE	ROUND TRIP TO: **INDICATE STARTING POINT AND EACH STOP**	**ODOMETER READING AT TIME OF FILL-UP**	**GASOLINE # OF GALS**

Rev 8/9/11