

MONTH/YEAR: _____ / _____
 DJJ TAG NO. _____
 VEHICLE: YEAR/ MAKE _____ / _____

**DEPARTMENT OF JUVENILE JUSTICE
 DAILY VEHICLE USAGE LOG**

NEXT PREVENTIVE MAINTENANCE DUE
 DATE: _____ MILEAGE: _____

DATE	DESTINATION/PURPOSE	TIME		MILEAGE		FUEL		OIL		MAINT. COST	DRIVER	COMMENTS
		OUT	IN	OUT	IN	GALS	COST	QTS.	COST			

MONTHLY VEHICLE RECAP

MONTH		YEAR		TAG NO		ENDING MILEAGE		---PREVENTIVE MAINTENANCE---	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		DATE OF SERVICE	PM MILES
-----DAYS-----		-----FUEL-----		-----OIL-----		MAINTENANCE COST			
IDLE	DOWN	GALLONS		COST		QUARTS		COST	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
CONDITION CODE :	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR		<input type="checkbox"/> POOR		<input type="checkbox"/> BURNED		<input type="checkbox"/> WRECKED	
COMMENTS :	<input type="text"/>								

PREPARED BY: _____
 FACILITY NAME/ADDRESS: _____
 TELEPHONE #: _____ SUNCOM#: _____