BRADFORD-TIOGA HEAD START, INC.
Vehicle Maintenance Log

Driver_____

Center_____

Month _____   **Year**_____

Vehicle License # _____

GASOLINE			
Date	**$ Per Gallon**	**# Gallons**	**Total Cost**
TOTALS REQUIRED			

MAINTENANCE WORK			
Date	**Garage**	**What was done**	**Cost**
TOTAL MAINTENANCE COST			

Driver Hours Worked
(Calendar week Sunday thru Saturday)

Week 1 Dates _____ to _____   **Week 1 Hours** _____

Week 2 Dates _____ to _____   **Week 2 Hours** _____

Week 3 Dates _____ to _____   **Week 3 Hours** _____

Week 4 Dates _____ to _____   **Week 4 Hours**_____

Week 5 Dates _____ to _____   **Week 5 Hours**_____

TOTAL HRS WORKED_____

*******Please make sure <u>ALL</u> spaces are completed before sending to Chris*******
along with other monthly forms

Teacher's Signature_____
(Teacher's signature indicates they have checked the form)

TR103 F&B 4/14

BRADFORD-TIOGA HEAD START, INC.
Vehicle Mileage Log

Month_____ Center _____ Vehicle License # _____

Drivers who drive for more than 1 <u>classroom</u> (AM & PM) need to list each class name below & total of children in each column

Classroom 1(C1)_____ Classroom 2(C2)_____

Date	Driver Initial	Beginning Odometer For The Day	Ending Odometer For The Day	Total Miles	Total # Children C1	Total # Children C2	Total # of Adult	Explanation RR = Regular Route
1-5-12	JJ	20200	21000	800	17	34	2	*EXAMPLE:* *Mansfield AM (C1)* *Mansfield PM (C2)*
TOTAL								