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| Department: | License Plate: | Make/Model/Year: |

| **Date** | **Trip Ending Odometer** | **Purpose** | **Destination** | **Driver Name** | **# Passengers** | **Fuel Gallons / Fuel Cost** |
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|  | **Previous Month Odometer:**

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| **Monthly Ending Odometer:**

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 |  | ***Total Number of Passengers:***  |
| *I certify that all drivers have read UTHealth policy, state and local provisions of law regarding driver conduct and vehicle use for tobacco, cell phone, and vehicle maintenance and act within these rules.**Signature of Custodian / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

| **Date** | **Trip Ending Odometer** | **Purpose** | **Destination** | **Driver Name** | **# Passengers** | **Fuel Gallons / Fuel Cost** |
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|  | **Previous Month Odometer:**

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| **Monthly Ending Odometer:**

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 |  | ***Total Number of Passengers:*** |