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CITY OF BALTIMORE

VEHICLE USE RECORD

ASSIGNEE INSTRUCTIONS:

1. AT THE START OF THE MONTH:

COMPLETE FORM TO THE DOUBLE LINES.

2. EVERY TIME THE VEHICLE IS USED:

ENSURE THAT THE EMPLOYEE TAKING THE VEHICLE ENTERS THE REQUIRED INFORMATION IN THE SECTION BELOW THE DOUBLE LINES. 3. AT THE END OF THE MONTH:

IF THE VEHICLE WAS NOT USED DUR-ING THE MONTH, WRITE "VEHICLE NOT USED DURING THIS MONTH" IN THE SECTION BELOW THE DOUBLE LINES. RETAIN FORM IN FILES FOR REVIEW.

ASSIGNEE'S NAME	AGENCY NAME	MONTH	YEAR
BUREAU NAME	DIVISION NAME		
		MVMSD VEHICLE NUMBER	v.
ADDRESS			

DAY	OPERATOR'S SIGNATURE	TIME OUT	DESTINATION	MILES DRIVEN/ HOURS USED	TIME IN
CERTIFY THAT I UNDERSTAND AND HAVE COMPLIED WITH ALL PROVISIONS OF THE ASSIGNEE'S SIGNATURE				DATE	

NOTE: IF MORE LINES ARE NEEDED THAN THOSE PROVIDED, USE ADDITIONAL SHEETS. STAPLE ALL SHEETS TOGETHER