



**The University of Georgia
College of Veterinary Medicine**

Vehicle Trip Information

Vehicle No. _____

Mileage: Finish _____
Start _____
TOTAL _____

Trip Began: Date _____ Time _____ AM PM

Trip Ended: Date _____ Time _____ AM PM

Purpose of Trip _____

If vehicle needs attention or repair, explain _____

CHARGE TO:

Account Title	Account #	Amount
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***** RETURN ALL GAS RECEIPTS WITH THIS PAPER*****

Driver: _____
Print Sign