

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DAILY VEHICLE UTILIZATION REPORT**

DATE	TAG NUMBER	SAFETY/MAINTENANCE CHECK PERFORMED <input type="checkbox"/> Yes <input type="checkbox"/> No	FUEL PURCHASED <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER'S NAME		TIME DRIVER GOES ON DUTY	TIME DRIVER GOES OFF DUTY
		BEGINNING MILEAGE	ENDING MILEAGE

PASSENGER	DEPARTURE FROM	ARRIVAL TO	ODOMETER		TRIP MILES	PASSENGER CERTIFICATION
			START	END		
Last Name, First Name, MI:	Location:  Time Departed:	Location:  Time Arrived:				(Before Signing Read Certification Below)  <hr/> Signature
Last Name, First Name, MI:	Location:  Time Departed:	Location:  Time Arrived:				(Before Signing Read Certification Below)  <hr/> Signature
Last Name, First Name, MI:	Location:  Time Departed:	Location:  Time Arrived:				(Before Signing Read Certification Below)  <hr/> Signature
Last Name, First Name, MI:	Location:  Time Departed:	Location:  Time Arrived:				(Before Signing Read Certification Below)  <hr/> Signature
Last Name, First Name, MI:	Location:  Time Departed:	Location:  Time Arrived:				(Before Signing Read Certification Below)  <hr/> Signature

**PASSENGER CERTIFICATION:** I hereby certify that I am the senior official being driven on this trip, that the trip is for official government business only and that this use of government transportation is in compliance with all applicable laws and regulations.

SERVICE ISSUES Comments:

Repair(s) Made  Repair(s) Needed

DRIVER'S SIGNATURE	DATE
--------------------	------