GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
VEHICLE UTILIZATION LOG

Administration:

Vehicle Tag Number:

Date:	Departure Time:	Depart From:	Start Odometer Reading:	Destination:	
Purpose:		Passenger(s)/Cargo:	Return Time:	Return Odometer Reading:	Total Miles:
Driver Name:		Passenger (s) Name	Driver Signature:		

Date:	Departure Time:	Depart From:		Start Odometer Reading:	Destination:	
Purpose:		Passenger(s)	Cargo	Return Time:	Return Odometer Reading:	Total Miles:
Driver Name:		Passenger (s) Name		Driver Signature:		

Date:	Departure Time:	Depart From:		Start Odometer Reading:	Destination:	
Purpose:		Passenger(s)	Cargo	Return Time:	Return Odometer Reading:	Total Miles:
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