TUBA CITY UNIFIED SCHOOL DISTRICT #15

DEPARTMENT OF TRANSPORTATION

WEEKLY MILEAGE LOG

NAME: _____ DEPARTMENT _____

UNIT #: _____

DATE	DESTINATION	START MILEAGE	END MILAGE	Total Mileage	Fuel Date

SIGNATURE OF EMPLOYEE: _____ RECEVED BY: _____

*All authorized drivers are expected to operate vehicles safely and with great care. Maintain the interior and exterior of the vehicle in a clean and orderly manner. Check vehicle fluids, tires, and lights daily. Use safe driving practices at all times. Please report unsafe vehicle conditions or concerns promptly to the Transportation Department. It is recommended that employees refrain from using their cell phones while operating a motor vehicle. **PLEASE BUCKLE YOUR SEAT BELT.**