COLLEGE OF THE NORTH ATLANTIC
MONTHLY VEHICLE LOG

Campus:

Vehicle Fleet Number:

Plate Number:

Date	Trip Details	Start km	End km	* Start Hours	* End Hours	Driver's License Number	Class	Name (Please Print)	Gas Purchase		
									Litres	Amount	Ref. Number

Date _____ Campus Administrator Approval _____

*All gas purchases/receipts must be sent with vehicle log.

* Hours to be used only when vehicle is not equipped with odometer (e.g. Heavy Equipment)