School Year

Month of

EL MONTE UNION HIGH SCHOOL DISTRICT FUEL LOG

Page #:_____

Dep't._____

Time Checked-Out	Time Checked-In	Last 4 digits of card #	Date	Vendor	# of gallons	Amount	Receipt Attached	Vehicle #	License Plate #	Odometer	Employee Name	Signature

Print Name:

Signature: _____

Title: Director of Facilities Maint., Operations & Trans.

Date: _____