



920 Barlow Road • Fort Morgan CO 80701

TRIP REPORT

Name of Driver: _____

Org to be Charged: _____

Vehicle Assigned: _____

Date Vehicle Checked Out: _____

Date Vehicle Returned: _____

Destination of Trip: _____

Passengers: _____

Ending Odometer Reading: _____

Beginning Odometer Reading: _____

Total Miles: _____

Check List – Please complete this section when returning vehicle

Gas tank is full: _____ All trash removed: _____

Personal items removed: _____ Vehicle keys returned: _____

Gas receipt attached: _____

Comments: Items needing attention regarding vehicle: