Travel date(s):       Van number:

Driver name:       Type 2 Licensed Driver:  *Yes*  *No*

Destination:       Purpose:

*City and State Event you are attending*

Representing:  Cascade High School Event type:  ASB *(ASB advisor authority required)*

Everett High School  Athletics *(athletics director authority required)*

HM Jackson High School  School *(school principal authority required)*

Sequoia High School  District *(district/department authority required)*

Other School Building

Other District Building

***EXAMPLE:***

**SUBTRACT EQUALS DIVIDE BY EQUALS**

**25,532 - 24,975 = 557 / 32.7 = 17.03**

*Ending mileage Starting mileage Miles driven Gallons purchased MPG*

***ENTER YOUR INFORMATION HERE:***

**SUBTRACT EQUALS DIVIDE BY EQUALS**

**-** **=** **/** **=**

*Ending mileage Starting mileage Miles driven Gallons purchased MPG*

**Account Code:** **Total fuel charge: $**

**Tape Receipt Here  
*(tape additional receipts to back of form)***

Driver has:  Refueled the vehicle to *FULL*

Cleaned and removed debris from vehicle

Driver Signature:

Budget Authority:

*ASB – Advisor*

*ATHLETICS – District Athletic Director*

*SCHOOL – School Building Principal*

*DISTRICT – Department Budget Authority*

ASB Authorities:

*ASB - Secretary*

*ASB - Student*

*ASB – Administrator*

***DISCLAIMER:*** *Driver is responsible for the district gas credit card. Credit cards should never be left in district vehicles or attached to the keys. Credit cards should be stored in a secure place at all times. Keys should be returned to a secure and locked area.*