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.*