



Gas Receipt Form

For District Van and Fuel Card Use

Travel date(s): _____

Van number: _____

Driver name: _____

Type 2 Licensed Driver: ☐ Yes ☐ No

Destination: _____
City and State

Purpose: _____
Event you are attending

Representing: ☐ Cascade High School
☐ Everett High School
☐ HM Jackson High School
☐ Sequoia High School
☐ Other School Building _____
☐ Other District Building _____

Event type: ☐ ASB (*ASB advisor authority required*)
☐ Athletics (*athletics director authority required*)
☐ School (*school principal authority required*)
☐ District (*district/department authority required*)

EXAMPLE:

<u>25,532</u>	SUBTRACT	<u>24,975</u>	EQUALS	<u>557</u>	DIVIDE BY	<u>32.7</u>	EQUALS	<u>17.03</u>
<i>Ending mileage</i>	-	<i>Starting mileage</i>	=	<i>Miles driven</i>	/	<i>Gallons purchased</i>	=	<i>MPG</i>

ENTER YOUR INFORMATION HERE:

_____	SUBTRACT	_____	EQUALS	_____	DIVIDE BY	_____	EQUALS	_____
<i>Ending mileage</i>	-	<i>Starting mileage</i>	=	<i>Miles driven</i>	/	<i>Gallons purchased</i>	=	<i>MPG</i>

Account Code: _____

Total fuel charge: \$ _____

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

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

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.

Revised 07/16