

AFC UNIT _____

A130.1200

INDIVIDUAL STATE VEHICLE REPORT

FOR THE PERIOD STARTING : _____
DATE

YR/MAKE: _____ LIC #: _____
 MODEL/BODY STYLE: _____
 MFG. SERIAL #: _____
 LOCATION: _____
 FLEET / INVEN. #: _____

ADDED TO FLEET _____ AGENCY NAME: _____
 CHECK ONE _____ AGENCY CODE: _____ TELEPHONE : _____
 NEW () OR USED () PREPARED BY: _____
 DATE ADDED: _____ DATE DISPOSED OF: _____

	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
A. NATURE OF USE						
B. MAINTENANCE & REPAIR COST						
C. INSURANCE COST						
D. TOTAL FUEL COST						
E. TOTAL COST (B + C + D)						
F. ENDING MILEAGE						
G. BEGINNING MILEAGE						
H. TOTAL MILEAGE FOR MONTH (F - G)						
I. GALLONS OF FUEL						
J. MILES PER GALLON (H/J) (OPTIONAL)						

	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
A. NATURE OF USE						
B. MAINTENANCE & REPAIR COST						
C. INSURANCE COST						
D. TOTAL FUEL COST						
E. TOTAL COST (B + C + D)						
F. ENDING MILEAGE						
G. BEGINNING MILEAGE						
H. TOTAL MILEAGE FOR MONTH (F - G)						
I. GALLONS OF FUEL						
J. MILES PER GALLON (H/J) (OPTIONAL)						