COLLEGE OF THE NORTH ATLANTIC MONTHLY VEHICLE LOGS

CAMPUS:

VEHICLE DESCRIPTION:

VEHICLE FLEET #:

PLATE NUMBER:

Notes:

* All Gas Purchases/Receipts must be sent with vehicle log.

** Hours to be used only when vehicle is not equipped with odometer

*** CNA Assigned Employee Driver's reference number is a required field and must be obtained from the general office of the campus. Driver's license number must not be used on this document. Students using vehicle as part of program training is not required to provide this information

DATE	TRIP DETAILS	START KM**	END KM**	ENGINE START HOURS**	ENGINE END HOURS**	CNA ASSIGNED EMPLOYEE DRIVER'S REFERENCE NUMBER***	CONFIRM LICENSE IS VALID	NAME (PLEASE PRINT)	FUEL PURCHASE*		
									LITRES	AMOUNT	REF. NUMBER

DATE: _____   **CAMPUS ADMINISTATOR APPROVAL:** _____