## **Vehicles Owned or Leased Procedures**

## Vehicle Maintenance Record Sheet

Department: Vehicle Make & Model: Departmental Coordinator: Principal Driver(s):

| Date of<br>Maintenance | Maintenance Performed By | Description |
|------------------------|--------------------------|-------------|
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |
|                        |                          |             |