

FOR THE PERIOD STARTING APRIL 200

INDIVIDUAL STATE VEHICLE REPORT

MV2A

YR/MAKE: _____ LIC #: _____

ADDED TO FLEET

AGENCY NAME: University of Arkansas Fayetteville

MODEL/BODY STYLE: _____

CHECK ONE

AGENCY CODE: 135 TELEPHONE: _____

MFG. SERIAL #: _____

NEW () USED ()

PREPARED BY: _____

LOCATION (DEPARTMENT): _____

DATE ADDED: _____

DATE DISPOSED OF: _____

| | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER |
|-------------------------------------|-------|-----|------|------|--------|-----------|
| A. NATURE OF USE | | | | | | |
| B. MAINTENANCE AND REPAIR COST | | | | | | |
| C. INSURANCE COST | 0 | 0 | 0 | 0 | 0 | 0 |
| 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+I)(OPTIONAL) | | | | | | |

| | OCTOBER | NOVEMBER | DECEMBER | JANUARY | FEBRUARY | MARCH |
|---------------------------------------|---------|----------|----------|---------|----------|-------|
| A. NATURE OF USE | | | | | | |
| B. MAINTENANCE AND REPAIR COST | | | | | | |
| C. INSURANCE COST | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | | | | | | |
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