

Center for Hope Ministries

VEHICLE USE RECORD

Fill out this form **ONLY** after you pick-up the keys and access use of vehicle.
Return this form to the Receptionist within 48 hours after use.

User's name: _____

Time and date of pickup: _____

Reason for Use: _____

Use of this vehicle has been granted for your convenience. It is the responsibility of the previous user to leave it clean and full of gas. Please check the conditions of church vehicle before your initial use.

BEFORE LEAVING

1. Is the vehicle clean? Yes No

If no, describe: _____

2. Is the vehicle full of gas? Yes No

If no, please fill the gas before you use it. Costs will be charged to the previous user's ministry budget.
Submit receipt to the Administration office.

3. Please make a quick check of all lights and tires. **Note any problems.** _____

As the current user, it is your responsibility to leave the vehicle clean and full of gas. Please use the following checklist.

CHECK UPON RETURN

Did you have any problems? Yes No If yes, Please describe: _____

Fill with gas Number of gallons _____ Cost \$ _____

Check the oil Number of quarts _____ Cost \$ _____

Time and date of return: _____

User's Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Received by: _____

Modifications & Comments: _____

Copies Forwarded to: ___ Deacons ___ Security _____ Other