

DIVISION OF DEVELOPMENTAL DISABILITIES  
**SOLA VEHICLE TRIP LOG**

| LICENSE NUMBER |            | Please Note: Refuel vehicle before gas level reaches 1/4 of a tank. |   |          |                |   |             |        |  |   |                               | FOR MONTH: | YEAR: |
|----------------|------------|---|---|----------|----------------|---|-------------|--------|--|---|-------------------------------|------------|-------|
| Date           | Start Time | Starting Mileage  | Starting Fuel Level<br>1/4, 1/2, 3/4<br>or full | End Time | Ending Mileage | Ending Fuel Level<br>1/4, 1/2, 3/4<br>or full | Total Miles | Driver | Enter Client Initials<br>and Destination | Purpose of Trip<br>(use<br>*codes<br>below) | Comments/Condition of Vehicle |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |
|                |            |   |   |          |                |   |             |        |  |   |                               |            |       |

\* 1-Employment/Day Program; 2-Community Activity 3-Health; 4-Agency Business; 5-Shopping; 6-Other