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|  | DIVISION OF DEVELOPMENTAL DISABILITIES**SOLA VEHICLE TRIP LOG** |  |
|  |
| LICENSE NUMBER | **Please Note**: Refuel vehicle before gas level reaches ¼ of a tank. | FOR MONTH:  | YEAR:  |
| Date | Start Time | Starting Mileage | Starting Fuel Level ¼, ½, ¾ or full | End Time | Ending Mileage | Ending Fuel Level ¼, ½, ¾ or full | Total Miles | Driver | Enter Client Initials and Destination | Purpose of Trip (use \*codes below) | Comments/Condition of Vehicle |
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\* 1-Employment/Day Program; 2-Community Activity 3-Health; 4-Agency Business; 5-Shopping; 6-Other