Month: _____

Vehicle Number:_____

Canutillo ISD
Fuel Card
Checkout Log

Division/Campus:_____

Card Number:_____

Print Employee Name	Employee Signature	Date/Time Out	Date/Time In	Number of Gallons	Odometer

Original form must be submitted to the Accounts Payable Dept. on the **15th** and **end of month** with receipts. Receipts must correspond to appropriate card number.

_____

Administrator's Signature

DATE REVISED: 01/29/07

CNC EXHIBIT A