



DATE:	COMMAND:	UNIT #:	VEHICLE #:	VEHICLE TYPE: (Pick 1)	SUB-TYPE: (Pick all that apply)
OFFICER #1 NAME:			ID #:	Sedan	4x4
OFFICER #2 NAME:			ID #:	SUV	150
				Motorcycle	250
				Pickup	350
				Van	Cargo
				ATV	Prisoner
				Side-by-Side	Passenger

**MILEAGE / TIME LOG**

EVENT #	EVENT DISCRIPTION	START MILEAGE	START TIME	END MILEAGE	END TIME	MILES DRIVEN	TOTAL TIME	IDLE TIME



EVENT #	EVENT DISCRPTION	START MILEAGE	START TIME	END MILEAGE	END TIME	MILES DRIVEN	TOTAL TIME	IDLE TIME	
<b>FEMA COST CODE: (FISCAL USE ONLY)</b>		<b>TOTAL COVID-19 RLEATED VEHICLE IDLE TIME (HOURS &amp; MINUTES):</b>							
<b>FEMA COST CODE: (FISCAL USE ONLY)</b>		<b>TOTAL COVID-19 RELATED TIME (HOURS &amp; MINUTES)</b>							
<b>FEMA COST CODE: (FISCAL USE ONLY)</b>		<b>TOTAL COVID-19 RELATED MILEAGE:</b>							

<b>PREPARED BY:</b>	<b>ID#</b>	<b>SIGNATURE:</b>	<b>DATE:</b>