PINELLAS COUNTY SCHOOLS
DRIVER EDUCATION PROGRAM

Monthly Car Report

School _____ Instructor _____ Date _____

Make of Car _____ Tag# _____ Car# _____

Assigned To _____

Number of times car was involved in an accident _____

Number of times our driver was charged _____ Costs $ _____

Date	Inv. #	Gals.	Amount
Sub TOTAL			
Instructor Gas Purchases			
TOTAL			

Oil Used:

Quarts _____ Cost $ _____

Lubrication: _____ Cost $ _____

Repairs:

Repair Cost $ _____

Mail/Pony to:

Executive Director
Physical Ed/Driver Education/ROTC/Extracurricular Activities

*Report due the 4th day of the next month

Mileage:

End of Month _____

Beginning of Month _____

Mileage of Month _____

Submitted by _____
(signature)

White – Executive Director Physical Education/Driver Education/ROTC/Extracurricular Activities Yellow – School