SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
Vehicle Log

Mo. / Yr. _____

Make _____

County _____ **Van#** _____ **License #** _____ **VIN #** _____ **Model** _____

Date	Beginning Mileage	Ending Mileage	Purpose/Program	Driver Name	Destination(s)	Inspection Attached

Date	Beginning Mileage	Ending Mileage	Purpose/Program	Driver Name	Destination(s)	Inspection Attached

SH-86 **Page _____ of _____** **Reviewed By: _____** **Date: _____**