STATE OF SOUTH CAROLINA
BUDGET AND CONTROL BOARD
OGS/ STATE FLEET MANAGEMENT
1022 Senate Street
Columbia, S.C. 29201

Page 1 of _____ pages.

Type of Vehicle _____

Control # _____

Agency Number

Agency Code

Agency Name

Date Out (Mo-Da-Yr)

Tag Number

Sub Agency Name

Ending Miles

Date In (Mo-Da-Yr)

Driver's Name (Last, First, Middle)

STATE POLICY
WEAR SEAT BELTS

Starting Miles

Time Out _____
Time In _____

Driver's License Number

Destination

Miles Used

Days Used

Inv Code

RECIPIENT (signature)

VERIFIED BY (signature)

TURNED IN BY (signature)

VERIFIED BY (signature)

Date	Driver's Name	Odometer Reading		Travel		Job Function Performed	No. of Pass.
		Beginning	Ending	From	To		

ATTACHMENT E

Instruction on Back

Daily Trip Log

MVM FORM 2-98