CP-6 (Rev: Feb 08)

Commonwealth of Virginia
Department of General Services
Office of Fleet Management Services

Monthly Mileage Report

Month of: _____
Department Name: _____
Department #: _____

Vehicle Code	Pool Number	Odometer Reading at End of Month	Days Chargable	Name of Operator

_____
Signature of Agency Designated Authority

Notes:
1. This report is required only for vehicles that have ***not*** used a fueling system with automated reporting (commercial, VDOT, or Fleet) during the calendar month.
2. Please list pool numbers in numerical order
3. Use as many continuation sheets as necessary
4. Send 1 copy, no later than the 10th of each month to Ofice of Fleet management Services, 2400 W. Leigh Street, Richmond, VA 23220 or fax to (804) 367 8987.

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(Continuation Sheet ___ of ___)

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