



**Attachment 2
Vehicle Inspection Sheet**

(Only to be used when the [online Vehicle Inspection Form](#) is otherwise unavailable)

General Information			
Date:			
Department:			
Employee Name:			
Vehicle Number:			
Mileage			
Mileage End:		Trip End:	
Mileage Start:		Trip Start:	
Total:		Total:	
Defects			
Note if any of the following needs work (indicate defect with an "X"). Immediately notify Financial Manager of any issues with the vehicle. If issues impact the safety of the vehicle, discontinue use immediately.			
	Brakes		Tires
	Turn Signals		Defroster/Heater/AC
	Flashers		Head Lights
	Wipers		Other:
	Horn		
Comments			