FORM #1665 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

MONTH/YEAR									PLATE NO.	
WORK LOCATION				VEHICLE TYPE					PRIMARY USE	
	ODOMETER READING			FUEL & OIL PURCHASED						
DATE/TIME	BEGININNG	ENDING	COMMUTER MILES	FUEL IN GAL.	OIL IN QTS.	STARTING LOCATION	DESTINATION	PURPOSE OF TRAVEL	OPERATOR'S NAME OCCUPANT'S NAME	OPERATOR'S SIGNATURE

AT THE END OF THE MONTH, TURN THE COMPLETED FORM IN TO THE BUSINESS OFFICE (FACILITIES) OR SUPPORT OPERATIONS (CENTRAL OFFICE & COMMUNITY SUPERVISION)