

# Hospital Van Trip Report

**Driver # 1** \_\_\_\_\_  
**Driver # 2** \_\_\_\_\_  
**Patient** \_\_\_\_\_  
**Parent / Guardian** \_\_\_\_\_  
**Destination** \_\_\_\_\_

Date \_\_\_\_\_

| From        | TO | Departure Time | Arrival | Begin Odometer | End Odometer | Lodging | Meals & Tips | Fuel Cost | Miscellaneous | Total Expense |
|-------------|----|----------------|---------|----------------|--------------|---------|--------------|-----------|---------------|---------------|
| Macon       |    |                |         |                |              |         |              |           |               |               |
|             |    |                |         |                |              |         |              |           |               |               |
|             |    |                |         |                |              |         |              |           |               |               |
|             |    |                |         |                |              |         |              |           |               |               |
|             |    |                |         |                |              |         |              |           |               |               |
|             |    |                |         |                |              |         |              |           |               |               |
| Total       |    |                |         |                |              |         |              |           |               |               |
| Grand Total |    |                |         |                |              |         |              |           |               |               |

**Pre Trip Inspection Check Items 1-9 Post Trip Recheck 8 & 9**

1. Spare Tire
2. Jack Lug wrench
3. Fire Extinguisher
4. First Aid Kit
5. Two sets of Keys
6. Lights, Front & Back
7. Turn signals, Front & Back
8. Windshields Wipers & Washer Fluid
9. Check Fluid Levels

**Comments**