

**COLORADO DEPARTMENT OF TRANSPORTATION
INDIVIDUAL FUEL PURCHASE LOG**

Employee Name _____

Week Ending _____

Month/Year _____

Date	Equipment Number	Odometer/ Hour	Type of Fuel	Gallons	Cost	Notes	Reconciled By	Reconciled (Date)

By signing below, I certify that I have purchased the above fuel amounts and they were used solely for the benefit of the State of Colorado, equipment and vehicles as described in CDOT Policy and Procedure.

Employee Name (printed) _____ Employee Signature _____ Date _____

By signing below, I certify that I have reviewed the above records the employee has provided and believe them to be true. I also attest that these items have been reconciled with original receipts according to CDOT Policy and Procedure.

Reconciler or Supervisor Name (printed) _____ Reconciler or Supervisor Signature _____ Date _____

Coordinator Name (printed) _____ Coordinator Signature _____ Date _____