

Return of Company Vehicle Checklist

Employee Name

Department

Date

Vehicle Make/Model

License Plate

Odometer Reading

Checklist

Item	Yes	No	Comments
Exterior Clean			
Interior Clean			
All Keys Returned			
Registration/Documents Present			
Full Tank of Fuel			
Any Damage Noted			
Spare Tire/Jack Present			
First Aid Kit/Fire Extinguisher			
Company Assets Removed			

Notes

Employee Signature

Supervisor Signature
