

# Fleet Vehicle Return Checklist

## Vehicle Details

Vehicle Make/Model

License Plate

Odometer Reading

Date Returned

## Inspection Checklist

Item	Checked	Notes
Exterior Condition (dents, scratches)	<input type="checkbox"/>	
Interior Cleanliness	<input type="checkbox"/>	
Lights & Signals	<input type="checkbox"/>	
Fuel Level	<input type="checkbox"/>	
Tires (condition & pressure)	<input type="checkbox"/>	
Spare Tire/Kit	<input type="checkbox"/>	
Vehicle Documents	<input type="checkbox"/>	
Keys/Fobs Returned	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

## Comments

Employee Signature

Inspector Signature