SLV BOCES Van Mileage Log

Vehicle#_____ Driver_____ Month/Year_____

Date	Route AM/PM	Beginning Miles	Ending Miles	Total Miles	Student Count	Fuel	Driver Signature

Your signature indicates that you are in full compliance of the following:

1. I have performed a daily pre-trip and a daily post-trip of all items listed on the STU-9 as required per 1 CCR 301-26, 4204-R-8.01 and 8.02.
2. I am in compliance with the CDE Maximum Driving Time for School Transportation Vehicle Operators Rule, per 1 CCR 301-26, 4204-R-16.00
3. I have removed all trash, swept floors and properly secured my vehicle daily.
4 I have completed all required school district documentation and complied with all school district policies pertinet to my position.

updated 3/7/2023