



# UDrive

## Fleet Management Department

CHECK-IN

CHECK-OUT FORM

Date:     /     /

Car Plate:     -

Time:     :     AM/PM

Odometer:             KM

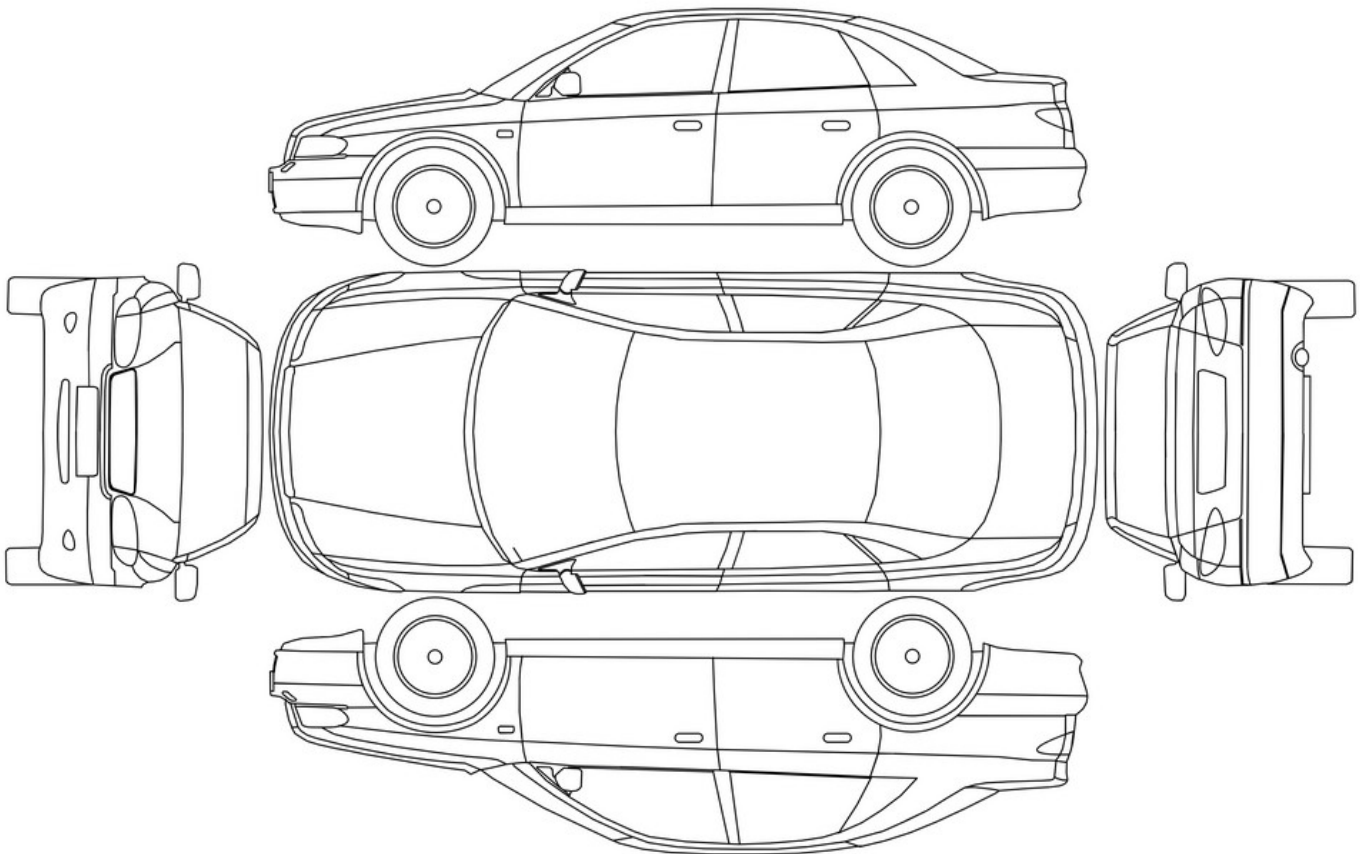
Fuel: F....1/2....E

Clean

Instructor Name: \_\_\_\_\_

Car Amenities

Instructor Signature: \_\_\_\_\_



Log provided by: \_\_\_\_\_