I certify under penalty of perjury under South Carolina law that I have a valid driver's license that is not suspended, canceled or revoked.

_____ (Please initial)

STATE OF SOUTH CAROLINA
BUDGET AND CONTROL BOARD
GSD / STATE FLEET MANAGEMENT

1430 Senate Street, 3rd Floor
Columbia, SC 29201-3710

Type of Vehicle _____

Control # _____

Agency Number

Agency Code

Agency Name

Date Out (Mo-Da-Yr)

Tag Number

Sub Agency Name

Ending Miles

Date In (Mo-Da-Yr)

Driver's Name (Last, First, Middle)

STATE POLICY
WEAR SEAT BELTS

Starting Miles

Time Out _____

Time In _____

Driver's License Number

Destination

Miles Used

Days Used

Inv Code

RECIPIENT (signature)

VERIFIED BY (signature)

TURNED IN BY (signature)

VERIFIED BY (signature)

Date	Driver's Name	Odometer Reading		Travel		Job Function Performed	No. of Pass.
		Beginning	Ending	From	To		

Instruction on Back

Daily Trip Log

SFM FORM 11-03

continued .....

Trip Log

VEHICLE TAG NUMBER	YEAR	MONTH	AGENCY CODE

Page _____ of ____ pages.

Date	Driver's Name	Odometer Reading		Travel		Job Function Performed	No. of Pass.
		Beginning	Ending	From	To		

This form to be used when all lines on DMVM Form 2-78 or DMVM 3-78 are filled.

ORIGINAL-DMVM IF LEASED VEHICLE

TRIP LOG
Continuation

DMVM Form 3-78/1