



## RECEIPT FOR VEHICLE SERVICE

State Form 35262 (R4 / 7-95)

INDIANA DEPARTMENT OF CORRECTION

Date (month, day, year)		State agency	
Make and year of vehicle			
Account number		Mileage of vehicle	
Commission number		License number	
Unleaded gas (gal.)	Diesel fuel (gal.)	Oil	
Anti-Freeze	Hydraulic fluid	Window wash	
Brake fluid		Transmission fluid	
Other _____			
Signature of driver			
Printed name of driver			
Serviced at:			

**DISTRIBUTION:** White - Business Office; Canary - Maintenance; Pink - Vehicle Driver