fuelinfusion

Ongoing Mileage Worksheet

Customer Information	
Name:	Phone:
Company:	

Beginning Data	
Date	Odometer

ECM /Computer Flash	
Date:	
Number of Hours:	
Negative Cable Removed	
Headlights On	

Vehicle Information

Engine Size: Engine Make:

Vehicle Make: Vehicle Model: Vehicle Year:

Date	Odometer	Miles	Gallons	MPG	Notes

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