Agency One-Year Fuel Use Report Form
Commonwealth of Virginia - Alternative Fuels Program
CMAQ

1. Contact Information

Agency Name: ________________________________

Submitted by: ________________________________

Phone: __________________

Email: ________________________________

Date: ________________

2. Vehicle Usage Information

A) Total Number of Vehicles Report: __________

B) Use
Fuel used (Natural gas/ Propane) _______________(Gasoline/diesel )________

C) Cost
Average Fuel Cost (Nat gas/ Propane) _______________(Gasoline/diesel )________

Please place these costs and volumes in Gasoline Gallon Equivalents so that calculations and reports are consistent.

D) Electric Vehicles only

Annual Mileage ___________ / miles per kWh_________ = Total kWh_______

Total kWh x 0.031 = _______GGEs

E) Fuel costs saved in this report ________ (Total volume x traditional fuel cost)
−(Alt fuel volume/mileage x Alt Fuel Cost) = dollars saved or overspent.

F) Other comments:

Optional: Please include one good digital photograph of an agency Alternative fuel vehicle from this program.