

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 (report due 12 months after deployment)

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.

<http://www.dmv.virginia.gov/commercial/#taxact/gge.html>

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:

Submit Report to: Vince.Maiden@energy.virginia.gov

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