

**USE OF INSTITUTIONAL VEHICLES
FOR STUDENT ACTIVITIES**

Purpose of use: _____

Date(s) of use: FROM _____ TO _____
Date Time Date Time

Sponsoring organization: _____

Are drivers registered? _____ Yes _____ No

Name of driver(s): _____

Name of person making request: _____

Signature: _____ Date: _____

Approved by: _____ Date: _____

CAR MILEAGE REPORT

Department _____

Vehicle Assigned: _____ Vehicle License Number _____

Gas Mileage Reading Before Travel:
Full _____ ¾ Tank _____ ½ Tank _____ ¼ Tank _____

Gas Mileage Reading Return Travel:
Full _____ ¾ Tank _____ ½ Tank _____ ¼ Tank _____

Starting Mileage Reading _____ Final Mileage Reading _____

Total Miles Traveled _____ Mileage should be charged to the
Following project-department number

Please note any maintenance requirements _____

OFFICE USE ONLY

_____ Number of Miles x .23 = _____

**RETURN THIS FORM WITH KEY TO THE OFFICE OF SHIPPING & RECEIVING AS SOON
AS TRIP IS COMPLETED. THE ACCOUNTING OFFICE WILL BILL THE ABOVE
PROJECT FOR MILEAGE EXPENSE.**