



Use Of Institutional Vehicles For Student Activities

Person Requesting Vehicle: _____

Department: _____ Phone Number: _____

Purpose of use: _____

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

Name of driver(s): _____
(Driver's must be registered with Business Office)

Approved by: _____ Date: _____
Department Head

Signature: _____ Date: _____
Requestor

CAR MILEAGE REPORT

Vehicle Assigned: _____ Vehicle License Number: _____

Starting Mileage: _____ Gas Mileage: Full 3/4 Tank 1/2 Tank 1/4 Tank

Ending Mileage: _____ Gas Mileage: Full 3/4 Tank 1/2 Tank 1/4 Tank

Total Mileage: _____ Verified by: _____
(Please print name)

OFFICE USE ONLY

_____ Number of miles x _____ = _____ Amount charged to Department