Use Of Institutional Vehicles For Student Activities

5500 MYRON MASSEY BLVD, FAIRFIELD, AL 35064
REGISTRARS OFFICE: (Phone) 205.929.1424; (Fax) 205.929.1421
BUSINESS OFFICE: (Phone) 205.929.1431; (Fax) 205.929.2598

Person Requesting Vehicle: ________________________________

Department: ______________________ Sponsoring Organization: ________________________________

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