

Vehicle Fleet Management 222 N. Concepcion El Paso, TX 79905 Please email form back to: FleetElp@ttuhsc.edu

Date//							
Name of Driver	Driver License No. and State						
Driver's Work Phone & Ext.	Driver's Home Phone						
DRIVER'S CERTIFICATION							
I certify that I have the valid driver's license listed above. I further certify that I will abide by the rules and regulations established for the operation of this vehicle.							
(DRIVER'S SIGNATURE)							
Purpose of Trip							
ONLY FACULTY AND STAFF CURRENTLY APPROVED BY RISK MANAGEMENT MAY DRIVE RENTAL VEHICLES (See http://www.depts.ttu.edu/opmanual/OP80.07A.pdf)							
AUTHORIZATION							
Department Head or Authorized Delegat							
(SIGNATURE)	/////						
RESPONSIBILITY FOR DAMAGE OVER FAIR WEAR AND TEAR (SEE PARAGRAPH 5 TTUHSC OP 63.01)							
CHARGE TO							
Department Name							
Account No.							

Type of Vehicle Requested			No. of Passengers			
Destination						
					(-:-	-1-)
ANTICIPATED DEPARTURE	Date			Time	Time (circle) A.M. P.M.	
ANTICIPATED	Date			Time	(circle)	
RETURN				/ O)/FN	A.M.	P.M.
VEHICLE		TO BE COMPL	FIED R.	YOVFM	AMOU	NT
NUMBER					OF CHAI	
		DAILY RATE				
WEEKLY RATE						
MONTHLY RATE						
	1	TOTAL DAYS				
ODOMETER	FINISH					
READING	START					
TOTA	L MILES					
FUEL CHARGES	# GA	L \$AMO	DUNT	DATE		
FUEL CHARGES # GAL \$ AMOUNT DATE						
FUEL CHARGES	# GA	L \$AMC	DUNT	DATE		
INCIDENTAL CH	ARGES					
			TOTA	L CHARGE		