



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Finance and Administration

General Services
5001 El Paso Dr.
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	
<p>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.</p> <p>_____</p> <p style="text-align: center;">(DRIVER'S SIGNATURE)</p>	
Purpose of Trip	
<p>_____</p> <p>_____</p> <p>_____</p>	
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 Delegate	
_____	____/____/____
(SIGNATURE)	Date Approved
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			

ANTICIPATED DEPARTURE	Date ____/____/____	Time (circle) A.M. P.M.	
ANTICIPATED RETURN	Date ____/____/____	Time (circle) A.M. P.M.	
TO BE COMPLETED BY OVFM			
VEHICLE NUMBER		AMOUNT OF CHARGE	
DAILY RATE		[]	
WEEKLY RATE		[]	
MONTHLY RATE		[]	
TOTAL DAYS		[]	
ODOMETER READING	FINISH	[]	
	START	[]	
	TOTAL MILES	[]	
FUEL CHARGES	# GAL	\$ AMOUNT	DATE
	[]	[]	[]
FUEL CHARGES	# GAL	\$ AMOUNT	DATE
	[]	[]	[]
FUEL CHARGES	# GAL	\$ AMOUNT	DATE
	[]	[]	[]
INCIDENTAL CHARGES	[]		
TOTAL CHARGE			