



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Office of Vehicle Fleet Management
Academic Services Building II, Room 1015
222 N. Concepcion
El Paso, TX 79905
915-215-4296

Please email form back to
FleetElp@ttuhsc.edu.

Date ____/____/____

Name of Driver	Driver's License No. and State
Driver's Work Phone and 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 Delegate	
_____ Signature	_____/_____/_____ Date Approved
_____ Print Name	
RESPONSIBILITY FOR DAMAGE OVER FAIR WEAR AND TEAR (SEE PARAGRAPH 6 OF HSCEP 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			
Driver Acknowledgement Date		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			