



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Office of Vehicle Fleet Management
Academic Services Building II, Room 1015
222 Rick Francis St.
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			