

UNIVERSITY VEHICLE USE AUTHORIZATION FORM

CUSTOMER SECTION - TO BE FILLED OUT BY DEPARTMENT BUSINESS OFFICE

Department _____ Mail Code _____ Index _____
 Contact _____ Extension _____ Departure Date _____ Est .Return _____
 Purpose of trip/destination _____

*Undersigned fully understands and acknowledges that the vehicle released pursuant to this authorization shall only be used for official university business in accordance with university policies. Undersigned driver states that he/she has a valid driver's license for the vehicle being operated. Damage related to this vehicle being in an accident will be recharged directly to department authorizing this rental. Renting department is required to contact RISK MANAGEMENT (x43820) for reimbursement of any amount over deductible. Any UC employee intending to rent a UC vehicle must present this form with the **CUSTOMER SECTION** completed and a valid driver's license, or no vehicle shall be issued. **NOTE: Read & review PPM for policy clarification. Fleet Services not responsible for items left in vehicle.***

Approving Authority (Sign) _____ Print Name _____
 Driver's Signature _____ Print Name _____
 Driver's License # _____ State _____ Class _____ Expires _____

Dispatcher (Sign) _____ Date Keys Issued _____ Time _____

VEHICLE RETURN SECTION - DRIVER MUST COMPLETE WHEN VEHICLE IS RETURNED

Vehicle _____ Time Returned _____ Odometer Reading _____
 Signature of Returning Driver _____ Date _____

*I certify that the above is a true statement of the total mileage incurred by me during the date(s) shown, and that all mileage indicated above was only for official business of the University of California. **NOTE: Incomplete "Pink" return forms will result in charges continuing until start of next business day.** Any item(s) found in vehicle will be taken to UCPD (858 534-4357) Lost & Found.*

BILLING INFORMATION - FOR FLEET OPERATIONS USE ONLY

End Mi. _____ Start Mi. _____ Net Miles Traveled _____
 Time Out _____ Time In _____ Days Out _____ Daily Charge(s) \$ _____
 Gasoline Charges _____ \$ _____
 Gasoline Charges (cont.) _____ \$ _____
 Veh. _____ Credit Card # _____ TOTAL CHARGES INCURRED \$ _____

White: Fleet Operations

Yellow: Billing Copy

Pink: Returned by driver w/vehicle

FOR INFORMATION, CALL FLEET SERVICES, 858 534-3485. OR, WRITE TO MAIL CODE 0033.

fax: 858 534-2051