Employee Vehicle Use Authorization Form

I. Employee Information				
• Name:				
Department:				
Employee ID:				
Contact Number:				
II. Vehicle Assignment				
 Vehicle Make & Mode 	el:		_	
License Plate Number:				
Assigned Mileage Limit: miles				
III. Use Policy Acknowledge	ment			
I acknowledge the co	ompany vehicle us	se policy and agree to	adhere to the	
following conditions	: (Insert detailed p	oolicy here)		
Employee Signature:				
• Date: //				
IV. Vehicle Use Log				
Date	Destination	Purpose of Trip	Mileage	
<i>II</i>				

V. Supervisor Authorization

Supervisor's Name:	
	Supervisor's Name:

Signature: ________

• Date: //____