EMPLOYEE USE OF UNIVERSITY VEHICLE

QUARTER COVERING: _____

Employee Name _____

Description of Vehicle _____
Make Model Year

Date First Used by Employee _____

Did you have use of this vehicle for the period: _____
☐ Yes ☐ No

If No, what is the date you last used this vehicle? _____
(If you changed vehicles, please complete a separate form for each vehicle.)

Did the University provide the gasoline used in this vehicle? ☐ Yes ☐ No

If Yes, was it ☐ Reimbursed ☐ Charged to University ☐ Provided at University Pump

Period Covered by Statement (Substantiated by adequate records):
(Please enter correct dates if necessary)

Beginning Date _____ Odometer Reading _____

Ending Date _____ Odometer Reading _____

Total Miles Driven for the Period 0 _____

Total Business Miles _____

Total Commuting Miles** _____

Total Other Personal Miles _____

***Commuting miles are distances traveled between your residence and your regular business location(s).*

I certify that this is my business/commuting/personal use of this vehicle for the period presented and that I have adequate records to support this claim.

_____
Employee Signature Date

Please return to:
Treasury Services
MSC 3AA or
Fax to 646-1985
For questions call 646-8122

TS-VEH
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Reset