

FOR RCUOG ACCOUNTING DEPT ONLY		
VENDOR ID:		
BRV:		
AUTHOIRZED AMOUNT:		
EFFECTIVE DATE:		

AUTHORIZATION FOR USE OF PRIVATE VEHICLES ON OFFICIAL BUSINESS

Driver's Name:			
Employee Position Title:			
Term of Autorization use:			
Expiration Date of Vehicle Registration			
Insurance Provider:			
Estimated Total Miles in Dollars: \$	(Total number of miles x \$0.6	.655)
Justification/Reason for using Private	Vehicle:		
G.L Account Number:			
Attachment Checklist: (Items listed bel	ow must be current a	nd attached with this document)	t)
☐ Vehicle Registration ☐ Insur	ance Policy 🔲 Drive	er's License	
Approval:			
Principal Investigator (<i>Print Name</i>)	Signature	Date	
Dean/Director (<i>Print Name</i>)	Signature	Date	
Certifying Officer (<i>Print Name</i>)	Signature		