



RESEARCH CORPORATION OF THE UNIVERSITY OF GUAM

Authorization for Use of Private Vehicles on Official Business

Driver's Name: _____ Date: _____

Employee Position Title: _____ BRV: _____ (For RCUOG Accounting Dept)

Effective Date from: _____

Expiration Date of Vehicle Registration: _____

Estimated Total Miles in Dollars: _____ (_____ Total Miles X \$0.625)

Justification/Reason for using Private Vehicle: [Empty box]

Note: Attach a copy of your car registration, car insurance, and driver's license.

G. L. Account Number: _____

Approvals:

Principal Investigator Signature Date (MM/DD/YYYY) (Print Name)

UOG Dean/Director Signature Date (MM/DD/YYYY) (Print Name)

RCUOG Certifying Officer Signature Date (MM/DD/YYYY) (Print Name)