UNIVERSITY OF NORTH FLORIDA VEHICLE USE R

Note: Vehicle records must be maintained for (3) fiscal years.
Incomplete entries will result in audit criticism.

Mo/Yr	Department	Vehicle Loc	Tag No.	Vehicle Make/Year

Date	Destination	Purpose of Trip	Time		Mileage		Print Driver Name	Complete At Time of Gas Purchase				I certify that my Driver's License is valid and trip information is accurate. Driver's signature below.
			IN	OUT	IN	OUT		Mileage	Gals	Cash	Credit	

I certify that I have reviewed the Vehicle Use Record and all Drivers of this vehicle are in possession of a valid operator's license

All Drivers Must Possess A Valid Operator's License.
Seat Belts Must Be Used and Speed Limits Observed.

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Name/Title/Date (Responsible Department Reviewer)