Vehicle Use Record

MO/YR	DEPARTMENT	VEHICLE LOCATION	TAG NO.	VEHICLE MAKE/YEAR

Date	Origination/Destination	Purpose of Trip	Time		Mileage		Print Driver Name	I certify that my Driver's License is valid and trip information is accurate. Driver's signature below:
			Out	In	Out	In		

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

Name/Title/Date (Responsible Department Reviewer)