

South Georgia State College

Vehicle Usage Request

Date of Request _____ Driver _____

Vehicle Requested _____

Date(s) to be Used: From _____ To _____

Time of Departure _____ Return _____

Purpose of Trip _____

Destination _____

Estimated Mileage _____ Number of Passengers _____

Faculty/Staff _____

Students _____

I have read, understand, and accept the guidelines for use of SGSC vehicles.

On file
Driver's License Number _____ Driver's Signature _____

Provide chartfield string of Department to be charged for this use:

Acct Fund Department Program Class

Budget Manager Approval:

_____ Date _____
Budget Manager, please ensure that the appropriate chartfield string is provided above

Odometer Readings: Beginning _____
Ending _____
Total _____

Readings will be verified by Physical Plant personnel.

_____, Physical Plant Representative Date _____

Cost of Use:

$$\underline{\hspace{2cm}} \text{ X } \underline{\hspace{2cm}} \text{ # of miles traveled } = \$ \underline{\hspace{2cm}} \text{ Total cost}$$

Cost per mile