

UNIVERSITY OF
FLORIDA

Vehicle Use Record

Note: Vehicle records must be maintained for audit purposes. It is important that all of the required information be included on the record and that it be reviewed and signed by an appropriate individual within the department. Incomplete and inappropriate entries will result in audit criticism. Completed forms must be maintained in department records for three (3) complete fiscal years.

Vehicle #: _____	PI Name: _____
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MO/YR	DEPARTMENT	VEHICLE LOCATION	TAG NO.	VEHICLE MAKE/YEAR
	IFAS	WFREC		

Date	Organization/Destination	Purpose of Trip	Project No	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		

**ALL DRIVERS MUST POSSESS A VALID OPERATOR'S LICENSE
SEAT BELTS MUST BE USED AND SPEED LIMITS OBSERVED**

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.

TOTAL MILEAGE: _____