



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
EL PASO

Office of Vehicle Fleet Management  
Facilities Services Building, Room 1032  
5310 El Paso Drive  
El Paso, TX 79905  
915-215-4296

Please email form back to  
FleetElp@ttuhsc.edu.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Driver	Driver's License No. and State
Driver's Work Phone and Ext.	Driver's Home Phone
<b>DRIVER'S CERTIFICATION</b>	
I certify that I have the valid driver's license listed above. I further certify that I will abide by the rules and regulations established for the operation of this vehicle.	
_____ (DRIVER'S SIGNATURE)	
Purpose of Trip	
_____ _____ _____	
<b>ONLY FACULTY AND STAFF CURRENTLY APPROVED BY RISK MANAGEMENT MAY DRIVE RENTAL VEHICLES (See <a href="http://www.depts.ttu.edu/opmanual/OP80.07A.pdf">http://www.depts.ttu.edu/opmanual/OP80.07A.pdf</a>)</b>	
<b>AUTHORIZATION</b>	
Department Head or Authorized Delegate	
_____ Signature	_____/_____/_____ Date Approved
_____ Print Name	
<b>RESPONSIBILITY FOR DAMAGE OVER FAIR WEAR AND TEAR (SEE PARAGRAPH 6 OF HSCEP OP 63.01)</b>	
<b>CHARGE TO</b>	
Department Name	
Account No.	

Type of Vehicle Requested		No. of Passengers	
Destination			
_____ _____			
ANTICIPATED DEPARTURE	Date ____/____/____	Time (circle) A.M. P.M.	
ANTICIPATED RETURN	Date ____/____/____	Time (circle) A.M. P.M.	
<b>TO BE COMPLETED BY OVFM</b>			
Driver Acknowledgement Date		AMOUNT OF CHARGE	
	DAILY RATE	<input type="text"/>	
	WEEKLY RATE	<input type="text"/>	
	MONTHLY RATE	<input type="text"/>	
	TOTAL DAYS	<input type="text"/>	
<b>ODOMETER READING</b>	FINISH	<input type="text"/>	
	START	<input type="text"/>	
	TOTAL MILES	<input type="text"/>	
FUEL CHARGES	<input type="text"/>		
	# GAL	\$ AMOUNT DATE	
FUEL CHARGES	<input type="text"/>		
	# GAL	\$ AMOUNT DATE	
FUEL CHARGES	<input type="text"/>		
	# GAL	\$ AMOUNT DATE	
INCIDENTAL CHARGES	<input type="text"/>		
<b>TOTAL CHARGE</b>			