

Dept #/Abbreviation _____

Authorized Driver _____

Destination (s) _____

Purpose of Trip

Date(s) of Van Use _____

- Check-Out
Scheduled Time _____ Actual Time _____ Driver's Signature [1] _____
- Check-In
Scheduled Time _____ Actual Time _____ Driver's Signature _____

Beginning Mileage _____
Ending Mileage _____
Miles Driven _____

[1] Driver has received Information Sheets #1 and #2
and agrees to comply with the information therein

Is the van parked in the numbered designated Northwest parking garage "State Van Only" parking spot? Yes _____
If not, describe where the van is parked and why. _____

Return to Van Coordinator

- _____ Keys
- _____ Service Vehicle key card
- _____ Voyager Credit Card and Information Sheet
- _____ Voyager Credit Card receipts, signed and dated
- _____ Trip Form, properly filled out

FOR OFFICE USE ONLY - CONDITION OF VAN AFTER CHECK-IN

If you were involved in an accident please complete the following:

- Name, address and phone number of other party _____

- Make, model and license number of other vehicle _____

- Name of their insurance company and the phone number _____

- Date of accident _____
- Location of accident (including city and state) _____

- Report of injuries _____

- Name of police department where report can be obtained _____

- Information on citations issued and to whom _____

If you received a parking ticket or moving violation (when not involved in an accident) please complete the following:

Parking or moving violation _____
Citation issued by _____
Amount of citation _____

<i>For office use only:</i> citation # _____ payment date _____ check # _____
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