## **UNIVERSITY OF**

## **FLORIDA**

## Vahiele 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 Use Record							Vehicle #:	PI Name:	
MO/YR DEPARTMENT				VEHICLE LOCATION				TAG NO.	VEHICLE MAKE/YEAR
		IFAS		Entomology and Nematology					
Date	Organization/Destination	Purpose of Trip Project No		Time Out In		Mileage Out In		Print Driver Name	I certify that my Driver's License is valid and trip information is accurate. Driver's signature below:
							_		
			ALL DRIVERS MUST POSSESS A VALID OPERATOR'S LICENSE SEAT BELTS MUST BE USED AND SPEED LIMITS OBSERVED						
I certify that I hav of this vehicle are				TOTAL MILE	AGE:				
			_						FA-UF-VUR/7/99