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 to certify the accuracy of information and valid driver's licenses. Incomplete and inappropriate entries will result in audit criticism. Completed forms must be maintained in department records for three (3) complete fiscal years.

MONTH/YR	**DEPARTMENT (Faculty)** Agronomy ( )	**VEHICLE LOCATION**	**TAG NO./VEH. NO.**	**VEHICLE MAKE/YR**

Day	Origination/Destination	Purpose	Time		Mileage		Driver's Name (Print)	Driver Certification of: a) Accuracy of Information b) Valid Driver's License
			Out	In	Out	In		

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.

Name/Title/Date

ALL DRIVERS MUST POSSESS A VALID OPERATOR'S LICENSE

SEAT BELTS MUST BE USED AND SPEED LIMITS OBSERVED