

MO/YR \_\_\_\_\_  
 VEH # \_\_\_\_\_  
 TAG # \_\_\_\_\_

YEAR / MAKE / MODEL \_\_\_\_\_  
 BEG / END MILEAGE \_\_\_\_\_ / \_\_\_\_\_

MAINTENANCE NEEDED? Y / N (Attach service receipt(s) if Y)



AGRONOMY  
DEPARTMENT

DATE	ODO BEG	ODO END	DESTINATION	PURPOSE*	ACCT TO CHARGE	FUEL?	DRIVER (PRINT)

Please complete in pen. \*Purpose should be specific (ex. Sample Collection for Project)

Usage and Funding is accurate and approved:

I certify that I have reviewed the vehicle log and all driver's have valid licenses on file.

\_\_\_\_\_  
Faculty Signature          Date

\_\_\_\_\_  
Staff Signature                                  Date

**Vehicle logs must be maintained for audit purposes. Completed forms MUST be maintained in department record for three (3) complete fiscal years  
 ALL DRIVERS MUST POSSESS A VALID LICENSE/ SEAT BELTS MUST BE USED AND SPEED LIMITS OBSERVED/ NO SMOKING OF ANY KIND PERMITTED  
 IN UNIVERSITY VEHICLES**