

# WCU VEHICLE TRIP SHEET



For completion and submission see the "Use of WCU Vehicle Procedure"

WEX PIN 9281

Date Prepared:	Departure Date	Return Date	Cost Center Email Address (who invoice should be sent to)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SAP Cost Center / SSI #	Name of Cost Center	Destination	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Purpose of Trip	Type of Vehicle	Vehicle #	
<input type="text"/>	<input type="checkbox"/> Sedan <input type="checkbox"/> Mini-van <input type="checkbox"/> 15 Pass Van <input type="checkbox"/> Other (specify) _____	<input type="text"/>	

## Driver Certification:

I certify that I have read and understand the WCU Vehicle Use Policy. I agree to adhere to this policy and understand that violation of any aspect of this policy could invalidate the University's insurance coverage for the vehicle trip and could result in me being held legally liable to pay any damages suffered by injured parties.

**NOTE: DURING THE TRIP, THE DRIVER MUST BE A WCU EMPLOYEE AT ALL TIMES.**

Printed Driver Name	Driver Signature
<input type="text"/>	<input type="text"/>
Driver License #	State
<input type="text"/>	<input type="text"/>
Phone Number	
<input type="text"/>	

## Authorization Vice President or Dean

Printed Name	Signature
<input type="text"/>	<input type="text"/>

<u>Odometer Start:</u>	<u>Date Start:</u>	<u>Odometer Stop:</u>	<u>Date Stop:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List off-campus purchase of gas, oil, etc. (attach credit card receipts)

Date:	Gas:	Oil (quarts)	Repairs	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments about vehicle:
<input type="text"/>

For Auto Shop Staff Only

Miles	@	.38 .45 .65	TOTAL	Work Order:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Day(s)	@	\$21 \$30	TOTAL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## ADDITIONAL DRIVERS (If Applicable)

If your trip will have multiple drivers, fill out section below for each driver.

### Driver Certification:

I certify that I have read and understand the WCU Vehicle Use Policy. I agree to adhere to this policy and understand that violation of any aspect of this policy could invalidate the University's insurance coverage for the vehicle trip and could result in me being held legally liable to pay any damages suffered by injured parties.

**NOTE: DURING THE TRIP, THE DRIVER MUST BE A WCU EMPLOYEE AT ALL TIMES.**

Printed Driver Names

Driver Signature

Driver License #

State

<input type="text"/>	<input type="text"/>
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Phone Number

Printed Driver Names

Driver Signature

Driver License #

State

<input type="text"/>	<input type="text"/>
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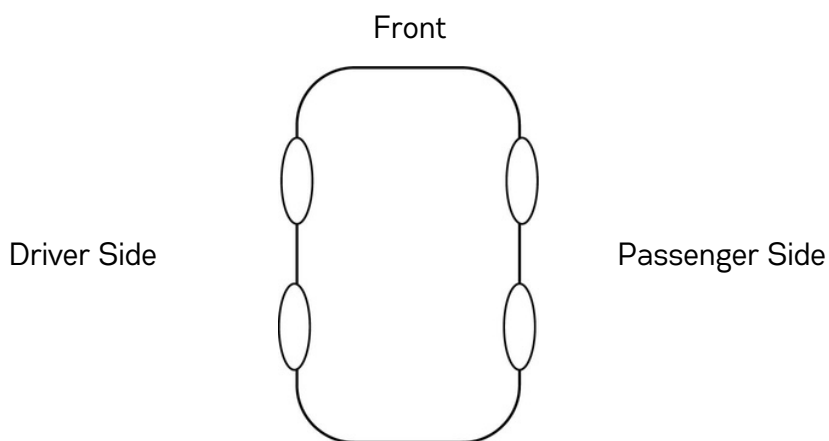
Phone Number

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## VEHICLE DAMAGE INSPECTION (For Autshop Staff Only)

### INCOMING INSPECTION

Circle area of damage and/or describe below:

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No Noted Damage

Damage description:

Description of interior damage (if any) and other comments:

Motor Pool Init.