

Capital University

Vehicle Usage and Passenger Log

Driver (s) _____

List ALL primary and relief drivers.

Department _____ Budget # _____

Lead Person _____

Lead Contact #: _____ Wk _____ Hm _____ Cell _____

Purpose of Trip: _____

Destination and Approximate miles _____

Overnight Accommodations (name and location) _____

Passengers & Contact numbers

Name	Phone	Name	Phone

Departure Date _____ Return Date _____

I certify that the above named driver(s) have met the safety requirements of the Department of Public Safety for fleet vehicle usage.

I also certify that all persons (and contact numbers) traveling in this vehicle have been recorded in the provided space above.

This form is a University record of all persons traveling in this vehicle, and the vehicle can not be assigned until all names and contact numbers (including faculty, staff, chaperons etc.) have been recorded.

Signature of Driver Date

Signature of Faculty / Staff / Advisor Date