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

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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.

__________________________________________ Date

__________________________________________ Date

10/09