

MOTOR POOL TRIP SHEET



WEX PIN 9281

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

Date Prepared: Departure Date: Return Date: Cost Center Email Address (who invoice should be sent to):

SAP Cost Center / SSI #: Name of Cost Center: Destination:

Purpose of Trip: Type of Vehicle: Sedan Mini-van 15 Pass Van Other (specify) _____ Vehicle #:

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:

Driver License #: State: Phone Number:

Authorization Vice President or Dean

Printed Name: Signature:

Odometer Start: Date Start: Odometer Stop: Date Stop:

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

Date:	Gas:	Oil (quarts)	Repairs	Location

Comments about vehicle:

----- For Auto Shop Staff Only -----

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

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

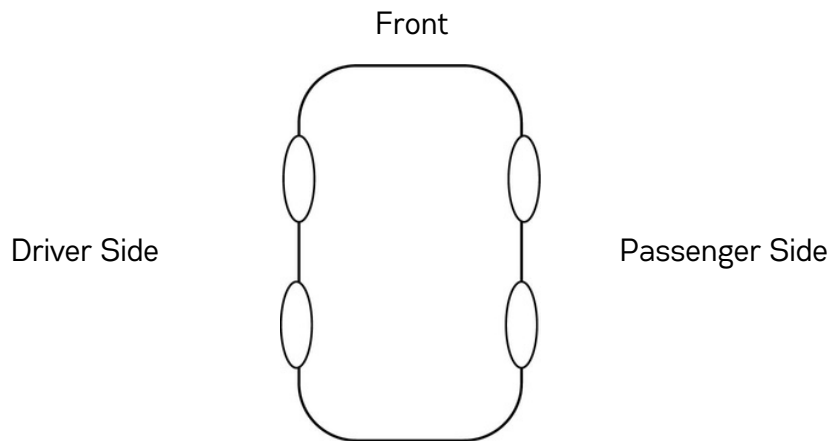
<input type="text"/>	<input type="text"/>
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Phone Number

VEHICLE DAMAGE INSPECTION (For Autoshop Staff Only)

INCOMING INSPECTION

Circle area of damage and/or describe below:



No Noted Damage

Damage description:

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

Motor Pool Init.