

The University of Tennessee at Chattanooga

Transportation Services - Vehicle Daily Rental Form

Motor Pool Only:

EKOS:

KEYPer:

Email:

Transportation Services Reservation #: _____

Date	Dept. Account Name	Account to be Charged	Object Code		
				v	
			In State	431300	v
			Out of State	431400	v

Vehicle and Quantity Requested: Qty: ___ Sedan; Qty: ___ SUV; Qty: ___ 12 P. Van; Qty: ___ Minibus

Special Requests: _____

Driver(s) Name: _____

Department to be Billed: _____ Mail Code: _____ Phone: _____

Points to be Visited: _____

To make a reservation, or confirm vehicle type and availability, please email Motorpool@utc.edu or call 425-5298.

Approximate Pick-Up Time:				Return No Later Than:			
_____	_____	_____	_____	_____	_____	_____	_____
Date	Time	AM	PM	Date	Time	AM	PM

VEHICLE USE ACKNOWLEDGEMENT

In consideration of use of a University of Tennessee at Chattanooga vehicle, I acknowledge that:

1. I have a valid driver's license. I will drive responsibly and courteously at all times. I will comply with all traffic and parking regulations. Violations are the responsibility of the driver. Occupants will wear seatbelts at all times.
2. I have been informed that the University's liability coverage applies only to the vehicles driven by UT employees within the course and scope of their employment and only while on official University business. No personal use is allowed.
3. I will not allow any person who is not a UT employee (or UT registered volunteer) to drive a UT vehicle in my possession and control.
4. I understand that individuals under personal service contracts, students and spouse who are not on the UT payroll are not employees of the University and, therefore, are not eligible to operate a UT vehicle. **Students must have a personnel number in IRIS and be in work status while driving.**
5. While using a UT vehicle, I am responsible for its condition and will make every reasonable effort to return the vehicle in the same condition as I received it, ordinary wear and tear excepted. I also understand that I, or my department, may be financially responsible for damages resulting from abusive use of the vehicle while in my possession.
6. I have signed an "Acknowledgment of Policies Governing the Operation of University Vehicles" and it is on file in Transportation Services.
7. I will use the provided gas card for all fuel purchases. I understand that I will need my six digit personnel number in order to do so.

Signatures:

Dean/Director/Department Head: _____ Date: _____

Driver(s): _____ Date: _____

Driver(s): _____ Date: _____

To Be Completed by Transportation Personnel

DATES:	IN	OUT	VEHICLE #	TIME _____ AM/PM	MILEAGE IN	TIME _____ AM/PM	MILEAGE OUT