The University of Tennessee at Chattanooga

Transportation Services - Vehicle Daily Rental Form

Transportation Services Reservation #: Date Dept. Account Name Account to be Charged Object Code In State 431300 Out of State 431400 Vehicle and Quantity Requested: Qty: ___ Sedan; Qty: ___ Minivan; 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: Time Date Time AM PM Date PM AM VEHICLE USE ACKNOWLEDGEMENT In consideration of use of a University of Tennessee at Chattanooga vehicle, I acknowledge that: 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. 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. I understand that individuals under personal service contracts and 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. 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. I have signed an "Acknowledgment of Policies Governing the Operation of University Vehicles" and it is on file in Transportation Services. 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: ______ Date: To Be Completed by Transportation Personnel **DATES:** IN OUT **VEHICLE #** TIME AM/PM **MILEAGE IN** TIME AM/PM **MILEAGE OUT** MILEAGE OPERATED