

**THE UNIVERSITY OF TENNESSEE  
DEPARTMENT OF FLEET MANAGEMENT  
VEHICLE ORDER FORM**

DATE	DEPT. ACCOUNT NAME	ACCOUNT NUMBER	GL CODE - 431300 OR 431400
------	--------------------	----------------	----------------------------

NAME OF DRIVER \_\_\_\_\_ PERSONNEL NUMBER \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 POINTS TO BE VISITED \_\_\_\_\_ TYPE OF VEHICLE \_\_\_\_\_ NO. OF PASSENGERS \_\_\_\_\_

APPROX PICK-UP TIME	ACTUAL USE TIME	RETURN NO LATER THAN
MO. DAY HOUR	MO. DAY HOUR	MO. DAY HOUR

**VEHICLE USE ACKNOWLEDGEMENT**

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

1. I have a valid driver's license. I will comply with all traffic and parking regulations. Violations are the responsibility of the driver. Occupants will wear seat belts at all times.
2. I have been informed that the University's liability coverage applies only to vehicles driven by "authorized drivers" as defined by UT Fiscal Policy 0725. No personal use is allowed unless properly reported as is described in Fiscal Policy 0725. In the event that it is necessary for a non-employee student to drive the vehicle, I understand the department is then granting permission on behalf of the University to assume liability for the student driver's actions.
3. I will not allow any person who is not an authorized driver to drive a UT vehicle in my possession including unauthorized individuals under personal services contracts, students, and spouses.
4. 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 in my possession.
5. **All rental vehicles upon return must be filled at the UT gas pumps before the vehicle keys are surrendered to Fleet Management.**
6. **I understand that a charge equivalent to the daily rental rate will be assessed for each vehicle in the event of cancellations made within 24 hours of the scheduled pickup time.**
7. For further information, reference UT Fiscal Policy 0725 (Use of University Vehicles), Fiscal Policy 0705 (Travel), and the UT Fleet Management website - [fleetmanagement.utk.edu](http://fleetmanagement.utk.edu).

Dean/Director/Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

Driver or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

-----FLEET MANAGEMENT USE ONLY-----

**REQUEST #**

CHECK IN DATE							
CHECK OUT DATE							
VEHICLE NUMBER							
TIME IN _____ AM MILES IN _____ PM IN							
TIME OUT _____ AM MILES OUT _____ PM Out							
MILES OPERATED							