

**UNIVERSITY OF CONNECTICUT
MOTOR VEHICLE DAILY MILEAGE REPORT**

Use this form to record daily mileage for all University 9-plate vehicles
USE ADDITIONAL SHEETS AS NECESSARY

MONTH _____ DEPARTMENT _____

PLATE # _____

USE OF UNIVERSITY VEHICLES FOR PERSONAL USE IS PROHIBITED

USERS ARE RESPONSIBLE FOR COMPLYING WITH THE UNIVERSITIES POLICIES ON VEHICLE USE

Date	Driver's Name	Destination	Start Time	End Time	Starting Odometer	Ending Odometer	Total Mileage

VERIFY THAT THE ABOVE VEHICLE WAS UTILIZED ACCORDING TO UNIVERSITY REGULATIONS

Department Head/Director Signature _____

CALL 486-6902 for information

Date Signed _____

Send to Unit 6199 by the 10th day of each month

