

**Motor Pool Vehicle Rental Trip Ticket**

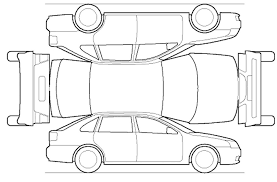
**VEHICLE CHECK-OUT**

**Driver Name: Check Out Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vehicle Number: \_\_\_\_\_\_\_\_\_\_\_\_\_License Plate: \_\_\_\_\_\_\_\_\_\_\_ Odometer Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fuel Out: 1/4 1/2 3/4 Full Valid Driver’s License:**

**Vehicle Condition:**

 **X = Dent**

**-- = Scratch**

**O = Missing**

**Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

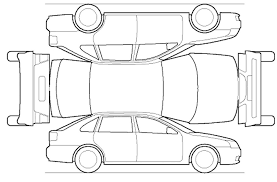
**Vehicle Due Back Date:**

**Glove Box Documents Checked: Yes or No**

**I have read and agree to the terms and conditions of the University’s Vehicle Use Polity, driver safety trips, and motor pool procedures. By signing below, I verify the vehicle has been inspected with the Motor Pool staff and agree to the accuracy of the vehicle check-out conditions. My signature indicates the driver’s license presented is currently valid and not suspended, revoked, cancelled, or surrendered.**

**Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VEHICLE CHECK-IN Check In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Odometer In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fuel In: 1/4 1/2 3/4 Full**

**Glove Box Documents Checked: Yes or No**

**X = Dent**

**-- = Scratch**

**O = Missing**

**Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(During Open Hours Only):**