



VEHICLE NON AVAILABILTY FORM

Purpose:

This form must be completed **prior to travel** if:

- You are requesting **full mileage reimbursement** for the use of a **personal vehicle**,
or
- You require a **rental car**.

Driver's Name: _____

Date(s) Vehicle Needed: _____

Destination: _____

Reason for Use of Personal Vehicle or Rental Car:

Authorization Signatures (Must be completed in order listed)

1. **Controller's Office Personnel**

Signature: _____ Date: _____

2. **Supervisor**

Signature: _____ Date: _____

Rental Car Details (*if applicable*)

- **Rental Company:** _____

- **Reservation Date:** _____
- **Reservation Number:** _____

Full Mileage Rate Exception

☐ Requesting full mileage reimbursement due to hazardous or potentially hazardous conditions.

Requires pre-approval by appropriate Vice President.