

For the period of November 1, 20 \_\_\_\_ through October 31, 20 \_\_\_\_

Name of University Department: \_\_\_\_\_

\_\_\_\_ Attached is (are) \_\_\_\_ *Personal Use of University Vehicle Questionnaire(s)*, which represents one form for each employee in this department whose use of a University vehicle was not restricted solely to official University business during the period indicated above.

**Note:** If your department has a written policy regarding the personal use of University vehicles, please include a copy with this summary sheet.

I hereby certify that, to the best of my knowledge, the information provided above is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of department business manager or administrator)

Print name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_