



1110 FR.02 Personal Use of University Vehicle Questionnaire1

(see Procedure 1110 PR.1 Substantiating Personal Use of a University Vehicle)

For the period of November 1, 20 ____ through October 31, 20 ____

Name: _____ Department: _____

University Personal Identifier (UPI): _____

Year, Make and Model of vehicle used: _____

Vehicle purchased by University on: _____ at a cost of _____

(or leased by the University at a cost of:
_____ per week _____ per month _____ per year

Personal Use Information

(Complete this section using the information recorded in your mileage record form. See Procedure 1110 PR.1 Section 3.)

1. Beginning odometer reading (11/1) _____ Miles _____

2. Ending odometer reading (10/31) _____ Miles _____

3. Personal use² of Vehicle during the year _____ Miles _____

4. Did the University pay for the fuel consumed during the personal use of the vehicle?

YES NO

5. Did the University pay for chauffeur services provided during the personal use of the vehicle?

YES NO

6. If this vehicle was not available to you for the full year, what dates was it available to you?

From: (month) _____ day _____ To: (month) _____ day _____

7. Did you have another vehicle available to you for your personal use (for example, a car owned by you or your spouse)? YES NO

Please respond to the questions on page 2 of this form. ***This Questionnaire will be returned to you as incomplete if you do not complete both pages of this form, including your signature and the date***

1 Complete a separate questionnaire for each vehicle used during the reporting period.

2 Personal use of vehicle includes miles driven for commuting (i.e., traveling between your home and your main or regular place of work) as well as other personal purposes. See Procedure 1110 PR.1 Section 2.

Personal Use of University Vehicle Questionnaire

1 Please describe your business use of the University vehicle available to you.

2 Please describe your personal use of the University vehicle available to you.

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

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

(Signature of employee's supervisor or department administrator or business manager)

Print name of reviewer: _____ Job Title: _____

Phone: _____ Email: _____