



Central Motor Pool Daily Rental Form – LM-11C

Reference #M:

Submit Form:		You must complete this Form On-Line. Hand written Forms will be rejected. Mail, Fax or PDF the entire package to: Fax: 679-1964 or Mail to: MC 6170								
Driver's Name:					Title:					
Department:										
Phone Number:					Cell Number:					
Room Number:					Mail Code:					
Email Address:										
Driver's License #:					Expiration Date:					
Supervisor's Name:					Telephone Number:					
Destination: (List all)										
Estimated Date of Vehicle Return:					Time:					
Vehicle Plate #:			Type:	<input type="radio"/> Car	<input type="radio"/> Van	<input type="radio"/> Other:				
Mileage Out:			Time:							
Note:		Please use additional sheets as necessary. Please use the same format as above and attach to this original form.								
Notes:										
Coding:	FY		Fund		Org		Program		Account	
Signature:					Date:					
Written Name:										
Important Notices to Driver:		<ul style="list-style-type: none"> In Case of an Emergency, please contact the Central Motor Pool at 860-679-1958 or 1960, or the Health Center Operator. Your signature confirms that the information provided is true and that the travel described is authorized, necessary, and in conformance with State Regulations. That you have read and understand the "Policies Governing State Owned Motor Vehicles and Personally Owned Motor Vehicles Used on State business". 								
Signatures:								Date		
1. Department Head					Typed Name - Mandatory					
2. Driver					Typed Name - Mandatory					
Vehicle Return Information:										
Date In:			Time In:			Mileage In:				
Vehicle Returned by Signatures:								Date		
1. Driver					2. Central Motor Pool					
Typed Name – Mandatory					Typed Name - Mandatory					