**OPERATOR'S STATEMENT** 

Agency Number

## **UConn Health** – Office of Logistics Management - Fleet Operations

Registration No.

Report for (Month, Year)

☐ Temporarily

Equipment No.

MOTOR VEHICLE

Monthly Usage Report  DAS Template CCP-40 REV. 12/90  Record all travel, official or private.  Use additional sheets if necessary.  List each trip on a separate line.  Make an entry for each day of the month, including Saturdays, and holidays, whether vehicle was used or not.  Vehicle may be driven by licensed driver only.  Driver's Signature indicates acceptance of Operator's Statement at top right of form.  Make a copy of this report for your file.		Temporarily Assigned (DAS)  Permanently Assigned - Leased  Agency Owned  Agency Leased  EMISSION DUE DATE	for M LM- No. Da	mary Ionth	Mileage Ending  Gas Used at: State Stations (Gallons)	Mileage Starting Commercial Stations (Gallons)	Total for Month  Total Gallons for Month	(Bu	uilding		ons ation of geogr or Garaged (		t:	730  Agency Head  Is the propowned or leading the State  YES	erty	true al author confor have r Govern and Pe Used (	nd that the trized, necess mance with ead and undining State Orersonally Owen State busing ALLOCATIC value of totated by emptaxation per	State Regula lerstand the wned Motor ' ned Motor Ve	tions. I 'Policies Vehicles ehicles  AGE ay(s) not subject to nents.
	Must be in by the 7th of the following month.		Materials Management Fleet Operations will send a copy of this form to the DAS - Office of Fleet Operations.							Return this form to Logistics Management Fleet Operations: Building J – MC6170							During Normal Workday Outside Norm (Before/After Sundays & F		
												ALLOCATIO	N OF MILEAGE	Spec Comm					
Day of Month Name of Operator		Signature of Operator Each Driver Must Sign		Towns Stopped At On Official Business Only (Do Not list towns which were only passed through)		Ending Town (Where vehicle was parked overnight)		Beginnin Odomete Reading (for each tr	er g	Ending Odometer Reading (for each trip)	Total Mile for Day	Official State Business (Daily Miles)	Non-Busine Home to Office and Special Commuting (Daily Miles	o of Daily d Round Trips (One-way is ng One-Half		Starting Time	Ending Time	Starting Time	Ending Time

Name of Using Department (Do not abbreviate)

Day of Month	Name of Operator	Signature of Operator	Tarring Channel At					ALLOCATION OF MILEAGE		Special Commuting	Starting Time	Ending Time	Starting Time	Ending Time
		Signature of Operator Each Driver Must Sign	Towns Stopped At On Official Business Only (Do Not list towns which were only passed through)	Ending Town (Where vehicle was parked overnight)  Beginning Odometer Reading (for each trip)		Ending Odometer Reading (for each trip)	Total Mile for Day	Official State Business (Daily Mile)	Non-Business Home to Office and Special Commuting (Daily Miles0	Enter Number of Daily Round Trips (One-way is One-Half Round Trip)				
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				GRAND TOTAL:										

	Supervisor's/Manager's Statement: The	Signature: (Immediate Supervisor/Manager)	Typed Name of Supervisor:	Title of Supervisor:	Date Signed:
AGENCY APPROVAL	travel outlined in this report is authorized by				
AGENCI APPROVAL	this department. To the best of my knowledge				
	the information herein is correct and complete.				