REQUEST FOR GSA VEHICLE USAGE FORM

1. Basic Request Information.

2. Date of Requested Usage:
(*Month/Date/Year*)

3. Time of Estimated Usage:

4. Start Time

5. Time Ended

6. List Anticipated Locations:

7.
8.
9.
10.
11.
12.

13. Driver Information:

14. Name: (*Last, First, MI*)

15. Office Phone Number:
(_____)_____-_____
(*area code*)

16. Company Name/Code:

17. Code Utilizing the Vehicle:

18. Issuance of Vehicle Insurance:

19. Date:

20. Name(*if Contractor*):

21. Approval Chain:

22. Name(*Immediate Supervisor*):

23. Office Phone Number:

24. Code:

25. Division Chief:

26. Office Phone Number:

27. Code:

28. Governmental Representative:
(*if Contractor*)

29. Office Phone Number:

30. Code:

31. Employees: Will receive a statement of non-availability, enclosure (2) from the Commands GASFM with in 24 hours to be submitted as an enclosure for privately owned vehicle expense reimbursement should there not be any vehicles available at the requested time. Failures to have a vehicle usage statement of non-availability may result in the possibility of no reimbursement for privately owned vehicle mileage.

32. Signature of Employee/Date:
_____/_____

33. Signature of Supervisor/Date:
_____/_____

VEHICLE USAGE STATEMENT OF NON-AVAILABILITY FORM

2. Date of Issuance:

3. Effective date: _____
by _____ has been the request for vehicle usage b declined due to prior commitments.

. Effective date: _____
ubmission of reimbursement of mileage for the use of your privately owned vehicle. you are hereby authorized for s

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4. List Mileage at time of Departure:

5. Beginning Mileage: 6. Ending Mileage

7. Date Request Received:	8. Date of Request Vehicle Usage:	9. Time of Usage (*pm/am*)

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10. List Anticipated Locations:

11.		14.	
12.		15.	
13.		16.	

17. Duration of Request Usage (*explain*):

18. Name(*driver*):

19. Company Name(*if not government)*:

20. Code(*utilizing vehicle*):

21. Date(*Issuance of Statement*):

22. Commands GSAFM(*Signature/date)*:

_____/_____

23. Date(*Employee received non-availability*):

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