

Revision Date: 6/14/2012

## **Central Motor Pool Daily Rental Form – MM-11C**

Drivers Name:	In Case of an Eme the Central Motor or 3759, or the He	579-1917 <b>REFERENCE NUMB</b>			R:	M			
Cell:     Cell:     eMail Address:     Drivers License #:   Exp.:     Supervisor's Name:   Exp.:     Supervisor's Name:   Tel.:     Destination (s):   Tel.:     List all.   Time:     Estimated Date:   Time:     Vehicle Plate #:   Type:   Car   Van     Mileage Out:   Time:   Date:   Date:     FinANCIAL AUTHORIZATION:   Time:   Date:   Vehicle Signature     Fund   Org   Program   Account   Authorized Signature     Wileage In:   Time:   Date:   Signature     Signature of Authorized Driver   Type Name of Driver     OPERATOR'S STATEMENT   NOTES:     I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance   NOTES:	Drivers Name:								
eMail Address:Exp.:Drivers License #:Exp.:Supervisor's Name:Exp.:Supervisor's Name:Image: Tel.:Destination (s):Image: Tel.:List all.Image: Tel.:Estimated Date:Image: Tel.:Vehicle Vall be ReturnedImage: Tel.:Vehicle Vall be ReturnedImage: Tel.:Vehicle Vall be ReturnedImage: Tel.:Vehicle Plate #:Image: Tel.:Vehicle Plate #:Image: Tel.:Image: Tel.:Image: Tel.:Vehicle Plate #:Image: Tel.:Vehicle Plate #:Image: Tel.:Image: Tel.:Image: Tel.:Vehicle Plate #:Image: Tel.:Image: Tel.:Image: Tel.:Vehicle Plate #:Image: Tel.:Image:	Department:								
Drivers License #:   Exp.:     Supervisor's Name:   Exp.:     Supervisor's Name:   Tel.:     Destination (s):   Image: Standard Date:     List all.   Image: Standard Date:     Vehicle Date:   Image: Standard Date:     Vehicle Plate #:   Image: Standard Date:     Vehicle Plate #:   Image: Standard Date:     Driver's Signature:   Image: Standard Date:     Driver's Signature:   Image: Standard Date:     FINANCIAL AUTHORIZATION:   Image: Standard Date:     Fund   Org   Program   Account   Authorized Signature     VEHICLE RETURNED:   Image: Signature of Authorized Driver   Typed Name of Driver   Image: Signature of Driver     OPERATOR'S STATEMENT   NOTES:   Image: Standard Date:   Image: Standard Date:     I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance   NOTES:   Image: Standard Date:	Telephone:		Ce			Cell:			
Supervisor's Name:   Image: Supervisor's Name:   Image: Supervisor's Name:     Destination (s):   Image: Supervisor's Name:   Image: Supervisor's Name:     List all.   Image: Supervisor's Name:   Image: Supervisor's Name:     Estimated Date:   Image: Supervisor's Name:   Image: Supervisor's Name:     Estimated Date:   Image: Supervisor's Name:   Image: Supervisor's Name:     Vehicle Plate #:   Image: Supervisor's Name:   Image: Supervisor's Name:     Vehicle Plate #:   Image: Supervisor's Name:   Image: Supervisor's Name:     Mileage Out:   Image: Supervisor's Supervisor's Supervisor's Supervisor's Name:   Image: Supervisor's Name:     FINANCIAL AUTHORIZATION:   Image: Supervisor's Name:   Image: Supervisor's Name:     Fund   Org   Program   Account   Authorized Signature:     VEHICLE RETURNED:   Image: Supervisor's Name:   Image: Supervisor's Name:   Image: Supervisor's Name:     Signature of Authorized Driver   Typed Name of Driver   Image: Supervisor's Name:   Image: Supervisor's Name:     OPERATOR'S STATEMENT   NOTES:   Image: Supervisor's Name:   Image: Supervisor's Name:   Image: Supervisor's Name:     OPERATOR's supervisor's Name:   Image: Supervisor's Name:   <	eMail Address:								
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Estimated Date: Vehicle will be Returned   Image Out:   Time:     Vehicle Plate #:   Image Out:   Type:   Car   Van     Mileage Out:   Image Out:   Time:   Image Out:   Time:     Driver's Signature:   Image Out:   Image Out:   Image Out:   Image Out:     Driver's Signature:   Image Out:   Image Out:   Image Out:   Image Out:   Image Out:     FINANCIAL AUTHORIZATION:   Image Out:   Image Out:   Image Out:   Image Out:   Image Out:     Fund   Org   Program   Account   Authorized Signature   Image Out:     VEHICLE RETURNED:   Image In:   Image In:   Image In:   Image In:   Image In:     Signature of Authorized Driver   Typed Name of Driver   Image In:   Image In:   Image In:     OPERATOR'S STATEMENT   NOTES:   Image In:   Image In:   Image In:   Image In:     I certify that the information provide I is true and that the travel described is authorized, necessary, and in conformance   NOTES:   Image In:   Image In:	<b>Destination</b> (s):								
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Fund   Org   Program   Account   Authorized Signature     VEHICLE RETURNED:   Image In:   Time:   Date:     Mileage In:   Time:   Typed Name of Driver     Signature of Authorized Driver   Typed Name of Driver     OPERATOR'S STATEMENT   NOTES:     I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance   NOTES:	Driver's Signature:						Date:		
VEHICLE RETURNED:Mileage In:Time:Date:Signature of Authorized DriverTyped Name of DriverOPERATOR'S STATEMENTNOTES:I certify that the information provided is true and that the travel described is authorized, necessary, and in conformanceNOTES:	FINANCIAL A	UTHORIZ	ATION:						
Mileage In:   Time:   Date:     Signature of Authorized Driver   Typed Name of Driver     OPERATOR'S STATEMENT   NOTES:     I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance   NOTES:	Fund	Org	Progr	ram	Acc	ount	Authorized Signature		
Mileage In:   Time:   Date:     Signature of Authorized Driver   Typed Name of Driver     OPERATOR'S STATEMENT   NOTES:     I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance   NOTES:									
Signature of Authorized Driver   Typed Name of Driver     OPERATOR'S STATEMENT   NOTES:     I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance   NOTES:									
OPERATOR'S STATEMENT NOTES:   I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance Image: Content of the second sec				Ti	me:				
I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance	Signature of Authorized Driver					Typed Name of Driver			
I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance									
"Policies Governing State Owned Motor Vehicles and Personally Owned Motor Vehicles Used on State business".	I certify that the information provided is true and that the travel described is authorized, necessary, and in conformance with State Regulations. I have read and understand the "Policies Governing State Owned Motor Vehicles and					NOTES:			