



Materials & Supply Chain Management
 UCHC Fleet Operations
Serving Your Transportation Needs

Revision Date: 6/14/2012

Central Motor Pool Daily Rental Form – MM-11C

In Case of an Emergency, please contact the Central Motor Pool at 860-679-1917 or 3759, or the Health Center Operator.		REFERENCE NUMBER:		M	
Drivers Name:					
Department:					
Telephone:		Cell:			
eMail Address:					
Drivers License #:		Exp.:			
Supervisor's Name:		Tel.:			
Destination (s): List all.					
Estimated Date: <small>Vehicle will be Returned</small>		Time:			
Vehicle Plate #:		Type:		Car Van	
Mileage Out:		Time:			
Driver's Signature:		Date:			
FINANCIAL AUTHORIZATION:					
Fund	Org	Program	Account	Authorized Signature	
VEHICLE RETURNED:					
Mileage In:		Time:		Date:	
Signature of Authorized Driver			Typed Name of Driver		
<p align="center">OPERATOR'S STATEMENT</p> <p>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 Personally Owned Motor Vehicles Used on State business".</p>			NOTES:		