

Office Use
Req _____

Request for use of Pool Vehicle

Main Driver Details

Main Driver Given Name		Main Driver Surname	
Employee ID		Phone Number	

Alternate Driver Details

Alternate Driver Given Name		Alternate Driver Surname	
Employee ID		Phone Number	

Booking Details

Number of Passengers			
Vehicle required on		at	
Vehicle will be returned on		at	
Destination			
Reason for use			
Type of Vehicle Required			
Is vehicle required overnight?			
If yes, what is the overnight garaging address			

To be Signed by Driver(s)

I hereby certify that I hold a current driver's licence and will only use the allocated vehicle in accordance with the above details and the Departments "Best Practice Guide". I fully understand the requirements for completing motor vehicle running sheets. I am aware that any Fringe Benefits Tax payable as a result of my use of the vehicle will result in the calculation of a reportable fringe benefit and will be recorded by DEC against my name and may also be recorded on my next payment summary.

Main Driver Signature

Date

Alternate Driver Signature

Date

Approving Officer

(NB: Approving officer must not be the driver and should preferably be a more senior officer; name and designation must be clearly printed).

Signature

Name

Designation

Date

Pool Manager/Booking Officer Use Only

Vehicle Available Yes No

Registration Number _____

Booking Officer's Signature

Date

Comments