

## State of Oregon Authorization to Use Private Vehicle

<b>Name of Traveler:</b>	<b>Agency / Division / Section:</b>
<b>Travel Dates:</b>	<b>Destination:</b>

**Reason for travel:**

**Mark the appropriate box:**

Justification to Use Private Vehicle		
<input type="checkbox"/>	No state owned / operated vehicle is available.	Full GSA rate
<input type="checkbox"/>	A state owned / operated vehicle is available. However, the agency conducted a cost / benefit analysis and determined that reimbursing the employee at the full GSA rate is the most cost effective method of transportation. The analysis was completed by using the DAS online Fleet Daily Rental Cost Calculator located at <a href="https://www.oregon.gov/das/fleetpark/pages/index.aspx">https://www.oregon.gov/das/fleetpark/pages/index.aspx</a>	Full GSA rate
<input type="checkbox"/>	The employee has a documented medical condition that cannot be accommodated by using a state owned / operated vehicle.  <i>(NOTE: For long-term accommodations, the agency should request DAS Fleet Administration to determine if purchase of a state vehicle that meets the employee's medical needs would be a more cost effective option.)</i>	Full GSA rate
<input type="checkbox"/>	A state owned / operated vehicle is available and is determined to be the most cost-effective means of transportation, but the employee's manager authorizes the employee to use his or her own vehicle.	Reduced GSA rate

**Comptroller Object Codes:**

Full GSA Rate	
4109	Instate Mileage Reimbursement
4162	Out-of-State Mileage Reimbursement
4450	Prof Dev Instate Mileage Reimbursement
4452	Prof Dev Out-of-State Mileage Reimbursement

Reduced GSA Rate	
4110	Instate Mileage Reimbursement
4163	Out-of-State Mileage Reimbursement
4451	Prof Dev Instate Mileage Reimbursement
4453	Prof Dev Out-of-State Mileage Reimbursement

## Auto Insurance Requirements

Insurance terms remain the same whether or not I request reimbursement of private vehicle mileage. While using my own vehicle on state business, my auto insurance applies first. If I have an accident and the loss to others exceeds my own policy limits, the State's coverage will apply to the amount over my policy limits. The State will not cover any loss or damage I cause to others when I am not acting within the scope of my state employment or duties. Nor will it cover any loss or damage if my actions amount to malfeasance in office or willful or wanton neglect of duty.

It is my responsibility to carry liability, uninsured motorist, and personal injury protection insurance as required by law. It is up to me to carry physical damage coverage. The State provides coverage only for physical damage, uninsured motorist, and personal injury protection on vehicles owned, rented, or leased by the State. This means the State will not pay the costs of any repairs to my own vehicle.

If I have any questions about the correct insurance coverage for my personal vehicle while driving on state business, I will contact my own insurance agent for advice. If I am involved in a vehicle accident while on state business, I will promptly notify my supervisor and my agency risk coordinator.

**I certify the accuracy of the item checked on the previous page. Based on this criterion, I request to use my private vehicle while traveling on state business for the dates and destination indicated. I further certify that I have read, understand, and will comply with the State's auto insurance requirements.**

Signature of Employee	Title	Date

**I certify I have examined the supporting documentation for the item checked on the previous page. Based on this criterion, I authorize the employee to use his / her private vehicle while traveling on state business for the dates and destination indicated**

Signature of Employee's Supervisor	Title	Date

Print Form