Print Form

Oregon Military Department Authorization to Use Private Vehicle

Name of Traveler:	Agency/Division/Section:
Travel Dates:	**Destination**

Reason for Travel:

Mark the appropriate box:

Justification to Use Private Vehicle

☐	No State or Agency owned vehicle is available. ☐ Agency vehicle not available ☐ Motor pool vehicle not available Person spoke to: Date: Time:	Full GSA rate
☐	A State or Agency owned 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 http://www.oregon.gov/DAS/SSD/FLEET/index.shtml. **A copy of the analysis is attached.**	Full GSA rate
☐	The employee has a documented medical condition that cannot be accommodated by using a State or Agency owned vehicle. *(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.)*	Full GSA rate
☐	A State or Agency owned 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
☐	I am not requesting mileage reimbursement for this travel. Insurance terms remain the same whether or not mileage payment is requested.	N/A

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 above. 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 above. 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