



Authorization Form – Use of Personal Vehicle for State Business

Current Date: _____ Travel Dates: _____

Estimated Mileage – Round Trip: _____

Is state vehicle available? **Yes** **No**
Is request of use of personal vehicle for personal convenience? **Yes** **No**
Exigent/Emergency circumstances involved? **Yes** **No**

Description of Travel/Justification:

Employee – Print Name

Employee - Signature

Supervisor – Check One
Approved: **Disapproved:**

Supervisor – Print Name

Supervisor - Signature

Reimbursement Rate – Check One – Tier 1 (higher rate): Tier 2 (lower rate):

NOTE: Reimbursement at **Tier 1** rate requires attachment of Cost Comparison Tool results (<https://ssl.doas.state.ga.us/vehcostcomp/>) that support use of personal vehicle as the most cost effective.

Or

Explanation of the exigent/emergency situation which dictated use of a personal vehicle.