

TRIP EXCEPTION FORM

Employee Name: _____

Department: _____ Vehicle License: _____

Period Covered: _____ To _____ Ending Odometer: _____

Directions: Enter any changes in the number of trips allocated to this employee according to policy 3.97.

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
1 st Week							
2 nd Week							

*****Mark any day that the vehicle was not used for commuting purposes.*****

Signature of Vehicle User _____

Signature of Departmental Approval _____

Revised 6/27/11

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