

College of Arts and Sciences

Van Usage Agreement

Please complete this document and email it to Veronica Speight at vspeight@uab.edu

Responsible Party: _____

Department: _____

Email: _____ Phone #: _____

Cell Phone No. (if available): _____

Destination: _____

Purpose of Travel: _____

BEGINNING MILEAGE: _____ ENDING MILEAGE: _____

NOTES:

I HAVE READ THE UAB Vehicle Safety Management Program and agree to follow all policies and procedures contained therein. I have also read the College of Arts and Sciences Guidelines for Van Use and agree to follow all policies and procedures contained therein. I CONFIRM that I have completed a valid UAB driving course certification.

Signature

Date

The UAB Vehicle Safety Management Program Manual can be accessed

in the UAB Policies and Procedures Library.