



Personal Vehicle Use Form

James Madison University

Traveler's Name: _____	Contact Person: _____	Phone Number: _____
Department: _____	Department MSC: _____	Date Prepared: _____
Destination(s) _____	Departure Date: _____	Return Date: _____
Dept. Org. Number: _____		
Reason for Travel: _____		

Cost Benefit Analysis (completed by traveler)

The traveler must submit a cost/benefit analysis to the Transportation Manager to receive maximum mileage reimbursement. In preparing the cost/benefit analysis, the traveler should consider all costs associated with getting, parking, operating, and returning a State-owned vehicle, to the cost of operating a personal vehicle.

Getting a State-owned vehicle	\$
Parking a State-owned vehicle	\$
Operating a State-owned vehicle	\$
Returning a State-owned vehicle	\$
Cost of operating a personal vehicle	\$

SECTION 1 : Traveler Signature

Traveler (print full name)	
Traveler Signature	
Date	

SECTION 2 : Departmental Approval

Department Head (print full name)	
Department Head Signature	
Date	

This section for Facilities Management Transportation Use Only

SECTION 3 : Facilities Management Transportation Approval

Personal Vehicle Justification (check one only)

- A State-owned vehicle is not available or accessible – personal mileage rate
- The use of a personal vehicle is cost beneficial to the State or in the best interest of the University – personal mileage rate
- A state vehicle is available or not requested – fleet rate

Transportation Manager (print full name)	
Transportation Manager Signature	
Date	

Comments:

Submit Original form (BEFORE TRAVELING) with all required approvals to the Transportation Office, MSC 5401. Retain a photocopy in Department Office.