

VERIFICATION OF NON-AVAILABILITY OF STATE VEHICLE

EMPLOYEE NAME: _____

TRAVEL DATES: _____

UNIT OF ASSIGNMENT: _____

THE UNIT OR MOTOR POOL MUST BE CONTACTED

UNIT CONTACT: _____

PERSON CONTACTED: _____

DATE OF CONTACT: _____

MOTOR POOL CONTACT: _____

PERSON CONTACTED: _____

MILEAGE APPROVED BUT NON-AVAILABILITY FORM IS NOT APPLICABLE FOR REASON OF: _____

EMPLOYEE SIGNATURE _____

APPROVING SIGNATURE _____

ATTACH ONE COPY TO YOUR TRAVEL VOUCHER