(R 04/21)

Monthly Log of Temporarily Assigned State Vehicles

Facility/Unit:	:Mo	onth:	Year:
Name of	Authorized Employee	Location of Assignment	Date Authorized/Date Expires
1. 2.			
3. 4.			
5. 6.			
7. 8.			
9. 10.			
Note: Author	rization may not exceed 60 da	ave	
A new "Reque	est for Temporary Authorizat	ion to Use State Vehicle" (Attach	nment F) must be completed for any se current authorization is expiring.
Signature of Facility/Unit Head			Date
Printed Name	of Facility/Unit Head		
Dietribution:	Chief Financial Officer		
Distribution:	Chief Financial Officer Administrator of Fleet Mana	agement	