



GSA Fleet Services Department COUNTY VEHICLE USE & GARAGING DATA SHEET

| | | | |
|--------------|-----------------------|----------------|--|
| Budget Unit: | Dept Name: | | |
| Date: | Prepared by: | | |
| Vehicle #: | Vehicle Make & Model: | | |
| Assigned To: | | Payroll Title: | |

Justification for Assignment:

Vehicle is primarily used between the hours of: ____ am and ____ pm

Days/Week: Su M Tu W Th F Sa

Vehicle is Garaged at (Specific Address):

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Frequently Garaged at this location? Yes No Days/Week: Su M Tu W Th F Sa

Is this a: Residence or a County business location

Alternate Garaging Location (Specific Address):

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Frequently Garaged at this location? Yes No Days/Week: Su M Tu W Th F Sa

Is this a: Residence or a County business location

Additional Comments:

Supervisor responsible to monitor vehicle usage:

Title: _____ Name: _____ Phone #: _____

Department Head or Designee's Approval: _____ (Signature) _____ (Name)

CEO Approval: _____ (Signature) _____ (Name)

NOTE: Personal use of auto may result in additional taxable income reporting by the Auditor-Controller's office, as required by the Internal Revenue Service (IRS). The imputed income may be partially offset by providing an accounting of County business miles generally maintained by a log during the year. Some vehicle assignments are exempt from this reporting. Please contact Auditor-Controller staff at (805) 654-3129 for additional information.

Please route this form to your CEO Budget Analyst. CEO will forward approval to GSA Fleet.