## **STATE OF MONTANA**

## PERSONAL VEHICLE USE AUTHORIZATION FORM

1) Agency Number/Name		2) Division	
3) Org Number	4) Name of Person(s) Trave	ling/Employee ID#	
5) Justification for personal vehicle use			
Driver of a personal vehicle on state business who is reimbursed mileage must comply with the applicable sections of the Motor			
Vehicle Insurance Responsibility and Verification Act, <u>Title 61, Chapter 6, Part 1</u> and <u>Title 61, Chapter 6, Part 3</u> , MCA, and must be aware of <u>personal vehicle usage liability</u> as provided by the DOA Risk Management and Tort Defense Division.			
6) Trip Itinerary (include dates)			
7) Estimated Trip Miles			
Use of a personal vehicle on state business is reimbursed at the standard mileage rate unless one of the conditions			
listed below is met. Refer to the Employee Travel Policy for conditions and rates.			
8) Rate Requested.			
Standard Rate			
* If requesting reimbursement at the <b>high or low rate</b> , check the applicable reason below:			
1. A motor pool vehicle or other state-owned or leased vehicle is not available; or			
2. The use of a personal vehicle is in the best interest of the state; <b>or</b>			
3. Legislator or member of the public on official state business.			
9) Traveler's Signature		Title	Date
Approval to be Completed by Agency Authorized Personnel			
Rate Approved Standard High Low Not Approved			
Authorized Agency Official Titl		Title	Date
Upon approval, the person(s) named above is granted authority to use a personal vehicle in the conduct of official State business (in accordance with <u>ARM 2.6.201 through ARM 2.6.214</u> ) within the basic confines of the itinerary and approximate total mileage noted above.			

REVISED 10/17