

UNIVERSITY OF MARYLAND  
CENTER FOR ENVIRONMENTAL SCIENCE

**ADVANCED AUTHORIZATION  
FOR USE OF PERSONALLY OWNED VEHICLE**

**NAME:**

**LABORATORY:**

**TRAVEL AUTHORIZATION REQUEST # (if applicable):**

**DEPARTURE Date/Time:**

**RETURN Date/Time:**

**PURPOSE OF TRAVEL:**

**JUSTIFICATION FOR USE OF PRIVATE VEHICLE:**

**No state vehicle available**

**Most economical for trip**

**Non state employees in attendance**

**Extended travel, parked at airport**

**OTHER: EXPLAIN**

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**APPROVALS:**

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**Supervisor Signature**

**ACCOUNT TO BE CHARGED:**

**Half rate**

**Full rate**

**NOTE: Employees must take care to ensure that normal daily commute mileage is subtracted from the total mileage traveled.**

**Original to be attached to expense statement**