

TRIP AUTHORISATION FORM FOR THE USE OF GOVERNMENT OWNED VEHICLES

IMPORTANT NOTICE: THIS TRIP AUTHORITY IS SUBJECT TO THE CONDITIONS AS STIPULATED OVERLEAF.

NB: This form has to be completed in full and in duplicate prior to departure, copy to be attached to official Transport Request form in respect of general hire vehicle.

(TO BE COMPLETED BY THE PERSON REQUESTING TRANSPORT)

Name of main driver:	Driver's ID Number:	Licence No:	Code:
Department:	Section:	Telephone/ Drivers cell No:	
Name of co-driver:	Co-driver's ID No:	Licence No:	Code:
Vehicle Registration No:	Vehicle station:	Make/Model:	

PART 1. TO BE COMPLETED BEFORE JOURNEY

Date	Starting point	Odometer reading	End point	Odometer reading	Reason for trip

Validity Period: Date from: to : Time Period: From: to

Passengers: Enter names and ID No's of authorised passengers below. An **ID MUST BE** carried while travelling in a Government Vehicle. Note: Hospital patients are exempted from carrying ID, but names must be listed below:

Names	ID No	Reasons	Name	ID No	Reasons

Goods/Equipment	Quantity	Reason

* If this is a permanent allocation of the vehicle, then provide a brief explanation of the intended use:

.....

From: To:

ABOVE TRIP/S AUTHORISED BY:

I hereby certify that the journeys are official and that funds are available to cover the expenditure.

Responsibility Manager:	Signature:	Tel No:	Date:
.....
Supervisor's Name:	Signature:	Tel No:	Date:
.....

RESP. CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OBJECTIVE CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Transport Officer's Name..... Signature..... Tel No..... Date.....

PETROL CARD NO: (TO BE COMPLETED BY TRANSPORT OFFICER)

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Issued by:

Transport Officer Rank:

Received by:

Signature:

VEHICLE INSPECTION AND ISSUE: Is the vehicle roadworthy?

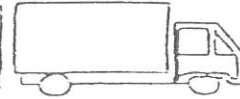
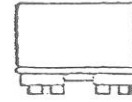
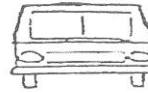
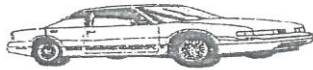
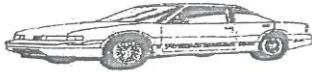
Yes

☐

No

☐

Indicate defects on vehicle prior to departure

**I hereby confirm that I hold a valid driver's licence and acknowledge that I have read and understood my responsibilities as the driver of this official vehicle set out in the Handbook for Drivers of Official Vehicles.**

Driver's signature:

Date:

PART 2. TO BE COMPLETED AFTER THE JOURNEY

Number of fuel vouchers issued to the driver before the trip () and the number of used vouchers returned after the completion of the trip ().

Indicate defects identified on vehicle on completion of trip

Refuelling particulars (Slips to be attached)

DATE	KM/ READING	NAME OF SERVICE STATION	TOWN	LITRES REPLENISHED		VALUE		QUANTITY OF FUEL (Subsequent to journey) (Tick relevant column)			
				Fuel	Oil	R	c	Full	3/4	1/2	E

Vehicle & Petrol card returned by:

Driver's signature Driver's Name Date

Transport Officer's signature Transport Officer's Name Date

The trip authority will be subject to the following conditions:

- The contents of the Transport and the Driver's of Official Vehicles Handbooks are understood and adhered to at all times.
- That the vehicle may not be re-fuelled unnecessarily.
- That authority is obtained to keep the vehicle overnight.
- That the Transport Section be advised as soon as possible of trip cancellation.
- Vehicle keys are only issued to authorised licensed driver.
- That the First Auto card and keys are handed back to the Transport Officer as soon as possible after the journey.
- Vehicle is issued with the following tools/accessories: triangle(s), jack, wheel spanner, spare wheel(s), petrol cap, petrol card no.

**DEPARTMENTAL
STAMP**