

Gila County
TRAVEL REQUEST - PRIVATE VEHICLE AUTHORIZATION
(Form TPV01)

Name of Requestor : _____

Date of Request : _____

Dates of Travel : _____

Department : _____

Vehicle License Plate Number : _____

Requestor's Driver's License Number : _____ Expiration Date : _____

Name of Insurance Company : _____

Policy Number : _____ Expiration Date : _____

I certify that if a privately owned vehicle is used, it is covered by minimum liability insurance as required by statute.

Employee Signature : _____ Date : _____

Department Head / Elected Official Signature : _____ Date : _____

Finance Department Signature : _____ Date : _____