

Fleet Vehicle Checkout Authorization

Employee Name:	<input type="text"/>
Department:	<input type="text"/>
Vehicle Number/ID:	<input type="text"/>
Date Out:	<input type="text"/>
Time Out:	<input type="text"/>
Expected Date/Time of Return:	<input type="text"/>
Purpose of Use:	<input type="text"/>
Notes/Comments:	<div><div></div></div>

Employee Signature:

Date:

Authorized By:

Date: