**STATE OF ALASKA**

**TAKE HOME VEHICLE APPROVAL (Business Use Commuting)**

**DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please review DOT&PF P&P 11.04.010 for state and federal regulations regarding use state vehicles and reporting of business use commuting.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID Number: \_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting approval for business commuting for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often will the employee be business commuting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle license plate number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By our signatures below we acknowledge that we understand:**

* State of Alaska statutes AS 44.68.010-040 regarding proper use of state vehicles
* Department of Transportation and Public Facilities’ policy and procedures 11.04.010 regarding use and storage of state vehicles
* Internal Revenue Service regulations governing the use, storage, and reporting requirements for business commuter use of State of Alaska vehicles.
* Requirement for the employee to report their mileage logs within three working days after the end of each month
* Requirement that commuter’s supervisor sign and forward the mileage logs to the appropriate designated department vehicle manager or administrative staff
* Requirement that the designated department vehicle manager or appropriate administrative staff will provide the logs to the appropriate payroll group and the State Equipment Fleet no later than the sixth day of the month

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 Employee Name, Signature, Date Supervisor Name, Signature, Date

**APPROVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name, Signature, Date

 (Director/Regional Director, Deputy Commissioner, Commissioner)

cc: DOT&PF, State Equipment Fleet Manager

 Department Vehicle Manager or designee