

**AUTHORIZATION TO USE PRIVATELY-OWNED
VEHICLES ON FOUNDATION BUSINESS
ACCOUNTS PAYABLE**

P.O. Box 720130 - San Jose, CA 95172-0130 - Ext. Zip: 0134

408-924-1400 - 408-924-1499 (fax)

If you use your private vehicle for Research Foundation business related travel, please fill out this form and return it to the Research Foundation Accounts Payable Office. This form needs to be filled out only once per calendar year.

CERTIFICATION

CALENDAR YEAR: _____

In accordance with the San Jose State University Research Foundation Travel Policy, approval is required in order to use a privately owned vehicle to conduct official Auxiliary Organization business.

I hereby certify that, whenever I drive a privately owned vehicle on SJSU Research Foundation business. I will have a valid driver's license and proof of liability insurance in my possession. All persons in the vehicle will wear safety belts and the vehicle shall always be:

- 1) Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.) Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
- 2) Adequate for the work to be performed.
- 3) Equipped with safety belts in operating condition.
- 4) To the best of my knowledge, in safe mechanical condition as required by law.

I understand that I will claim the SJSU Research Foundation approved mileage rate as full reimbursement for the cost of operating the vehicle (including fuel, maintenance, repairs and both liability and comprehensive insurance costs.)

I further certify that while using a privately owned vehicle on official SJSU Research Foundation business, all accidents will be reported within 48 hours.

I understand that permission to drive a privately owned vehicle on SJSU Research Foundation business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED
APPROVING AUTHORIZED SIGNATURE	TITLE	DATE APPROVED