Name:

Employee ID:

Destination:
Dates of Travel:
Purpose of Travel:

Please answer yes or no to the following:

1.       Will you be requesting reimbursement for mileage or taking a state vehicle?

       (If answered yes to the above, please answer the following)

2.       Have you completed the online Defensive Driver Training?

3.       Have you provided a copy of your insurance card to the department?

4.       Are you a registered driver in LOUIE?

Department use only:

Approval by Pam:

Yes:

No: