|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | |  | | | | | | | | | | | |
| POV Requesting: POV1  POV2 | | | | | | | | | | | | | | | | | |
| Name of Employee Requesting: | | | | | | | |  | | | | | | | | | |
| Period From: | | |  | | | |  | | | To: |  | | | |  | | |
| Temporary Duty Station (if applies): | | | | | | | | |  | | | | | | | | |
| Miles from nearest State Motor Pool: | | | | | | | | |  | | | | | | | | |
| Reason for request: | | | | |  | | | | | | | | | | | | |
| Method of Travel: | | | |  | | | | | | | | | | | | | |
| **Driver acknowledges they are aware that when using a personal vehicle for State business, their insurance is primary. Agency is responsible for verifying insurance.** Yes  No | | | | | | | | | | | | | | | | | |
| Driver’s Signature: | | | |  | | | | | | | | | | | | Date |  |
|  | | | | | | | | | |  | |  | | | | | |
| (Department, Agency, Office, Institution) | | | | | | | | | |  | | (Location) | | | | | |
| Signature: | |  | | | | | | | | | | |  |  | | | |
|  | | (Authorized Agency Official) | | | | | | | | | | |  | Title | | | |
| Signature: | |  | | | | | | | | | | |  | Director, Fleet & Travel Management | | | |
|  | | (Authorized Agency Official) | | | | | | | | | | |  | Title | | | |
| Approved Declined | | | | | | | | | | | | | | | | | |
| Reason if needed: | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |