

**STATE OF MONTANA**

**PERSONAL VEHICLE USE  
AUTHORIZATION FORM**

<b>1) Agency Number/Name</b>	<b>2) Division</b>
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<b>3) Org Number</b>	<b>4) Name of Person(s) Traveling</b>
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**5) Justification for personal vehicle use**

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**6) Trip Itinerary (include dates)**

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**7) Estimated Trip Miles**

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If your department director or designated approving authority authorizes you to use your personal vehicle on state business, you must be reimbursed for mileage at the standard rate unless you meet one of the conditions listed below pursuant to the [Employee Travel Policy](#).

8) Rate Requested	Standard Rate	High Rate (Must also check reason below)
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No

Per the Employee Travel Policy, if requesting reimbursement at the high rate, check the applicable reason below:

<input type="checkbox"/>	1. A motor pool vehicle or other state-owned or leased vehicle is not available; <b>or</b>
<input type="checkbox"/>	2. The use of a personal vehicle is considered to be in the best interest of the state; <b>or</b>
<input type="checkbox"/>	3. Legislators and members of the general public on official state business.

9) Traveler's Signature	Title	Date

**Approval to be Completed by Agency Authorized Personnel**

Rate Approved  Standard  High  Not Approved

Authorized Agency Official	Title	Date

If the request is approved, the employee herein is granted authority to use a non-state vehicle in the conduct of official State business (in accordance with [ARM 2.6.201 through ARM 2.6.214](#)) within the basic confines of the itinerary and approximate total mileage noted above.