

Instructions for Completing Fleet Vehicle Monthly Cost Record Log (Pool Vehicle)

Fleet Management

Harriman State Office Campus Building 18 Albany, NY 12226

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All drivers, vehicle coordinators, and supervisors are responsible for adhering to the OGS Vehicle Use Policy. This policy is available on the OGS intranet and should be reviewed prior to vehicle use.

The Fleet Vehicle Monthly Cost Record Log will total mileage, fuel gallons and cost, and maintenance costs when filled out electronically.

Pool Vehicles

When a vehicle is used by multiple drivers in a given month, the individual responsible for coordination of the vehicle's use and the person to whom the keys are returned, referred to here as the "vehicle coordinator," must print out the log at the beginning of each month. Each driver shall complete all information for the vehicle for the day he or she uses it and print and sign the right-hand columns to to certify that the record is correct and an accurate report of his or her vehicle use. The certification language appears at the bottom of the form.

The log should be reviewed by the vehicle coordinator after each trip for legibility and completeness. If information is illegible or incomplete, the vehicle coordinator should immediately follow up with the individual driver for clarification. When the log is complete for the month, the vehicle coordinator should sign the certification at the bottom of the form, enter the information in the NYS Fleet Management System – Driver Mileage Portal, and then submit it to his or her supervisor no later the 10th of the following month. The supervisor of the vehicle coordinator must approve both the log and the information in the NYS Fleet Management System – Driver Mileage Portal no later than the 15th of the following month.

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accurate and timely vehicle use records or to otherwise comply with the OGS vehicle use policy.

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Please attach all credit card receipts. If fueled at a state facility that does not provide receipts, please check box.

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	Vehicle	יוט	PI	late Number	Mont	th/Year	venicie L	.ocation (ex. Bu	ilding, City, County)	Vehicle Coordinate	or Name (print)	Vehicle Coord	inator's Supervisor Name (print)
Date	Start Time	End Time	Beginning Mileage	Ending Mileage	Number of Miles	Fuel P	urchase Cost	Maintenance Cost		, Occupants, Destination urpose of Trip	Driver Name (print)		Driver Signature **
Form Date: 05/24/2016 ** Driver Certification I certify that this record of vehicle use is correct and is an accurate report of my use of the vehicle. The						I certify that this is a reported to me by o that I am not aware that I may be subject	Vehicle Coordinator Certification I certify that this is an accurate report of the is of the vehicle as reported to me by drivers assigned the vehicle during the month and that I am not aware of any unreported use of the vehicle. I understand that I may be subject to progressive and corrective administrative Supervisor of Vehicle Coordinator Certification I certify that to the best of my knowledge: miles are reasonable based on the employee's assign miles reported are for a business purpose unles otherwise. I understand that knowingly approvir			est of my knowledge: miles driven d on the employee's assignment and or a business purpose unless indicated and that knowingly approving false			
usage reported was necessary and incurred in the performance of my official duties, except for noted personal miles. I certify that I currently hold a valid driving license required for the operation of this vehicle. I understand that I may be subject to progressive and corrective administrative action for failure to submit						action for failure of accurate and timely review of the vehicle use records.			vehicle logs may result in disciplinary action.				