MURRAY STATE UNIVERSITY FOUNDATION, INC.

__________________________________________DEPARTMENT

LEASED OR DONATED VEHICLE USE REPORT

Period of Report: _________________________________________________________

Employee Name: __________________________________________________________

1. Make, model & description: ______________________________________________

   Dates assigned: FROM ___________________ TO ____________________________

   Ending Mileage: _______________  Beginning Mileage: ______________________

   Total Miles: ___________________

2. Make, model & description: ______________________________________________

   Dates assigned: FROM ___________________ TO ____________________________

   Ending Mileage: _______________  Beginning Mileage: ______________________

   Total Miles: ___________________

3. Make, model & description: ______________________________________________

   Dates assigned: FROM ___________________ TO ____________________________

   Ending Mileage: _______________  Beginning Mileage: ______________________

   Total Miles: ___________________

Total Miles (1,2,3) for report period: _________________________

USE ONLY FOR CENTS-PER-MILE RULE:
Less mileage for report period per travel voucher: (______________________)

Personal miles for report period: _________________________

Signed: _____________________________  _____________________________
     (Employee)                     (Department Head)