



# RENTAL VEHICLE USE AGREEMENT

State Form 53553 (R3 / 2-20)

DEPARTMENT OF ADMINISTRATION  
PROCUREMENT DIVISION  
402 West Washington Street, Room W462  
Indianapolis, Indiana 46204

**INSTRUCTIONS: Form must be typed.**

Name of department or agency		Out of State?	Division	Date of request (month, day, year)	Account number
Telephone number ( )		Date vehicle to be picked up (month, day, year)		Date vehicle to be returned (month, day, year)	
Name of driver			Driver's PeopleSoft user identification number		
Address (number, street, city, state and ZIP code)					
Last four digits of driver's license number		Date of birth (month, day, year)		Approved vehicle class	
Accounting information (fund, center, department, project)					

Name of additional driver	Driver's PeopleSoft user identification number
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NOTE: Only State employees are authorized to operate rental vehicles.

Lease rate from contract	Number of passengers	Type of cargo transported
Purpose of travel / destination		
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Vehicle damage (at time of issuance or turn-in) repairs required
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User agency agrees to the following:

- Agency head or designee assumes responsibility for monitoring vehicle use by the assigned driver(s) with regards to compliance with existing state laws, rules, regulations, and guidelines.
- It is understood by the agency head and assigned driver(s) that this vehicle is NOT to be operated for any personal uses including, but not limited to, commuting or the transporting of other than state employees or agency clients on official business.
- When not in use on official business (e.g. holidays, weekends, overnight), this vehicle is to be parked adjacent to the driver's official station. Any exception to the parking stipulation must be justified by attachment (e.g. law enforcement personnel on 24-hour duty call).
- It is understood by the agency head or designee that if the vehicle is being used for out-of-state travel, all necessary approvals have been obtained from IDOA Travel.

I do hereby certify that I will abide by the policies and requirements of the Indiana Department of Administration.

Signature of driver	Date (month, day, year)
Signature of department head (or designee) requesting vehicle for assignment	Date (month, day, year)
Signature of agency fiscal	Date (month, day, year)