Please Read Motor Pool Information

In each vehicle there is a small blue zippered pouch which contains a Voyager Credit Card. On the dash near the odometer you will see the pin number (2120) needed for fueling. Before fueling, be sure the station accepts this credit card. If you do not see the emblem on the pump, enter the station and ask first. Fueling is not required but highly encouraged when returning the vehicle. This will greatly help since, often motor pool vehicles are rented back to back and there is not enough time for Transportation Services to fuel them when this happens.

Fueling procedures are as follows:

A) Put card in pump
B) Enter PIN number
C) Enter odometer, do not add tenth of a mile
D) Select grade of gas, “85” Octane only choice in state vehicles
E) Fuel, get receipt and if receipt does not print go inside gas station and get a copy

Credit card usage. If you input the pin number incorrectly 3 times the card will be blocked from usage. If this happens call the credit card company at 800-987-6591 and ask to reset the card.

*****If you fail to do this and use your personal credit card, other financial instrument or cash you will not be reimbursed*****

You are required to turn in receipts at the end of your trip. If you should have a problem with a motor pool vehicle during normal working hours, 8 AM-4 PM, call 719-337-8017 for assistance. If nobody answers call 719-255-3111 (UCCS Police Dispatch) and have them contact the Transportation Manager for assistance.

By utilizing the motor pool Prius’, the user and/or department assumes responsibility for the lost key/fob. The cost to replace the key/fob is $500.00 each.

Purpose of Trip ___________________________________________  Speed Type# ____________
Bumper number ___________ Trip To_________________ Department_________________

Check Out  Odometer___________ Time___________ Date__________

Check In  Odometer___________ Time___________ Date__________

As Driver of the Vehicle Listed Above, I certify it Was Used for University Business

Driver(print)__________________________  Drivers License #__________________________

Drivers Signature__________________________  Date____________

Charges Authorized By _________________________  Date____________

Please List Any Defects You Noticed While Driving This Vehicle_____________________________________

Please Do Not Write In This Space

_______ Miles at Per Mile________ =__________

_______ Flat Rate Per day ______ Days =__________  Total Charges =__________

Speed Type #______  Account#700100  TT#________