

**CITY OF NEW ORLEANS  
OVERNIGHT AND SPECIAL EVENT TEMPORARY VEHICLE ASSIGNMENT  
REQUEST FORM**

This form is to be completed by City employees requesting to use a City vehicle overnight or during a special event. This form must be signed by both the employee and the appointing authority, and forwarded to the Chief Administrative Officer for approval. Please note that employees with an extended temporary take-home vehicle assignment, e.g. two weeks or longer, will be charged a pro-rated take-home vehicle use charge.

---

EMPLOYEE NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE OR OTHER NUMBER WHERE YOU MAY BE REACHED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ VEHICLE ID # (or asset #): \_\_\_\_\_

VEHICLE DESCRIPTION (year, make, model and color): \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

---

Employees requesting a City vehicle for temporary overnight and/or special event use must initial the following.

\_\_\_\_\_ I certify that this vehicle will be kept in a secure place when not in use, locked, and all equipment or valuables within (whether City or personal) will be placed in a location that is not visible from outside the vehicle.

\_\_\_\_\_ I certify that I received CAO Policy memorandum 5(R), and will fully comply with the rules and procedures set-forth regarding City vehicle use.

\_\_\_\_\_ I certify one-way driving distance from my domicile to Department is \_\_\_\_ miles.

Please provide detailed justification for this overnight and/or special event vehicle request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPOINTING AUTHORITY SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHIEF ADMINISTRATIVE OFFICER SIGNATURE

\_\_\_\_\_  
DATE



## Pre-Trip Fleet Vehicle Inspection Form

DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.

DRIVER: USE THIS CHECKLIST AS A GUIDE FOR INSPECTING THE VEHICLE.

CHECK "OK" IF ITEM FUNCTIONS PROPERLY AND "REPAIR" IF REPAIR IS NEEDED.

Vehicle #	Starting Odometer	Date	Driver Name

OK	REPAIR	ENGINE OFF CRITERIA
		ENGINE OIL STICKER WITHIN DATE AND MILEAGE OF NEXT SERVICE
		TIRE TREAD AND SIDEWALLS – NO OBVIOUS SIGNS OF DAMAGE
		TIRE INFLATION VISUAL INSPECTION
		WINDOWS CLEAN INSIDE AND OUT
		WINDSHIELD WIPERS CLEAN AND NOT STUCK TO WINDSHIELD
		SEAT BELT(S) FUNCTIONING CORRECTLY
		ENGINE ON CRITERIA
		HEADLIGHTS FUNCTION ON BOTH LOW AND HIGH BEAM
		TURN SIGNALS FUNCTION
		BRAKE LIGHTS (INCLUDING 3 <sup>RD</sup> BRAKE LIGHT) FUNCTION
		REVERSE LIGHTS / BACK-UP ALARM FUNCTION
		FLUID LEAKS DISCOVERED
		HORN SOUNDS
		MIRRORS FUNCTION / ARE CLEANED / ARE PROPERLY POSITIONED
		BRAKES FUNCTION CORRECTLY
		ANY NEW DAMAGE NOTED PRIOR TO VEHICLE USE?

NOTES: \_\_\_\_\_

I have personally inspected the vehicle referenced above and have found it to be in the condition listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## City of New Orleans Take-Home Vehicle Log

Department: \_\_\_\_\_ City Vehicle Asset Number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

[illegible]

Total Personal-Use Miles: \_\_\_\_\_ Total Business-Use Miles: \_\_\_\_\_

### Travel Authorization Form

1.) Name of Employee: \_\_\_\_\_

2.) Name of Department: \_\_\_\_\_

3.) Purpose of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Destination: \_\_\_\_\_

5.) Number of Days in Travel Status: \_\_\_\_\_

6.) Source of Funds: \_\_\_\_\_

7.) Itinerary while in Travel Status:

Date	Location	Telephone Number

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Deputy Mayor

\_\_\_\_\_  
Judy Reese Morse  
Deputy Mayor/Chief Administrative Officer

Check One: ☐ Approved ☐ Disapproved

Duplicate within 40 days after receiving travel advance, otherwise the advance shall be subject to payroll deduction.

## Travel Expense Form

Name of Employee \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Travel To: \_\_\_\_\_ City, State \_\_\_\_\_ Period: \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Purpose: \_\_\_\_\_

(1) Expense (Note if expenses are supported by attached receipts)	Amount
Transportation:	\$ _____
Lodging:	\$ _____
Meals:	\$ _____
Tips:	\$ _____
Taxi Cabs:	\$ _____
Other Expenses:	\$ _____
(2) Total Expenses:	\$ _____

I, \_\_\_\_\_, certify that this travel expense account is correct, that the travel was performed on the dates specified for official business only, and that the expenses were for official business.

\_\_\_\_\_  
Submitting Employee's Signature

APPROVED: \_\_\_\_\_

Agency Director

APPROVED: \_\_\_\_\_

Deputy Mayor

APPROVED: \_\_\_\_\_

Judy Reese Morse  
Chief Administrative Officer

(3) AMOUNT ADVANCE ON VOUCHER NO. \_\_\_\_\_ DATED \_\_\_\_\_ \$ \_\_\_\_\_

(4) LESS: Total expenses reported in Line 2 above: \$ \_\_\_\_\_

(5) DIFFERENCE: \$ \_\_\_\_\_

Excess of line 3 over 4 deposited as per copy of Receiving Warrant No. \_\_\_\_\_ attached.

SHOULD LINE 4 EXCEED LINE 3 ABOVE, EXPLAIN IN THE SPACE PROVIDED BELOW:

Reimbursement requested for additional funds in connection with expenses in excess of Advance in the Amount \$ \_\_\_\_\_ requested on Public Voucher Number \_\_\_\_\_ Dated \_\_\_\_\_.





**CITY OF NEW ORLEANS**  
**FUEL PIN REQUEST FORM**

Date: \_\_\_\_\_

Full Printed Name: \_\_\_\_\_  
(Please clearly print, first, middle, and last name, including any suffixes- Jr., Sr., II, etc.)

Employee ID (ADP#): \_\_\_\_\_  
(Appears on paystub)

Department: \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYEE**

In signing below, I, \_\_\_\_\_, acknowledge that:

- I am to protect the integrity of my PIN;
- I am not to share my PIN with anyone else;
- If someone has forgotten their PIN or lost their fuel card and I assist them by entering my PIN or lend them the fuel card assigned to the vehicle I am driving so that they are able to obtain fuel, I will document the transaction with a Fuel Dispensing Exception Report Form;
- I will be held accountable for all of the fuel dispensed with my PIN;
- And if I believe that someone else has discovered my PIN, I will immediately inform my department's Vehicle Coordinator.

Employee's Signature: \_\_\_\_\_

Department Vehicle Coordinator's Signature: \_\_\_\_\_