

SOUTH CAROLINA DEPARTMENT OF
DISABILITIES AND SPECIAL NEEDS

CERTIFICATE OF NON-AVAILABILITY OF STATE VEHICLE

Date: _____ Division: _____

Employee Name: _____

Trip Destination: _____

SECTION I

You are advised that no state vehicle is reasonably available and/or adequate to meet your travel requirements. (**NOTE:** Persons served shall not be transported in private vehicles)

The period of non-availability will cover:

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

Transportation Coordinator Signature and/or Date: _____

Facility Administrator or Central Office Director of Procurement Date: _____

SECTION II

Special permission is requested to use my personal vehicle for the reason listed below.
(**APPROVAL MUST BE OBTAINED PRIOR TO TRAVEL**)
(**NOTE:** Persons served shall not be transported in private vehicles)

JUSTIFICATION:

Employee Signature Date: _____

Facility Administrator/Division Director/State Director Date: _____