

UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT

Form RD 2018-1  
(Rev. 3-97)

**VEHICLE COMMITMENT AND AUTHORIZATION FORM**

(Due to Approving Official by July 15 Each Year)

(To be completed by all drivers using a Government-furnished vehicle or privately owned vehicle for official business)

**PART I. DRIVER INFORMATION**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Office Phone \_\_\_\_\_

2. Duty Station \_\_\_\_\_ Residence \_\_\_\_\_  
City State City State

3. Fiscal Year Covered by this Form - October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_

4. If other period please explain \_\_\_\_\_

**PART II. VEHICLE COMMITMENT** October 1, \_\_\_\_\_ through September 30, \_\_\_\_\_

1. \_\_\_\_\_ I expect to drive 12,000 miles or more per year on official business during the above period and make the following commitment:
- a. \_\_\_\_\_ I will use a Government-furnished vehicle. My projected mileage is estimated to be \_\_\_\_\_ miles.
- b. \_\_\_\_\_ I elect not to use a Government-furnished vehicle, and I understand that reimbursement for using my personally-owned vehicle will be at the rate of \_\_\_\_\_ cents per mile.\*
2. \_\_\_\_\_ I expect to drive less than 12,000 miles per year on official business during the above period and will use my personally-owned vehicle, and will be reimbursed at the rate of \_\_\_\_\_ cents per mile.\*

NOTE: Any employee, both high mileage and low mileage, who is directed to drive or travel in an available Government-furnished vehicle, but who elects to drive a personally-owned vehicle, will be reimbursed at the rate of \_\_\_\_\_ cents per mile.\*

\* Or current rate in accordance with the Federal Travel Regulation.

**PART III. VEHICLE AUTHORIZATION** (To be completed by Employees who use a Government-furnished vehicle on official business)

1. Indicate the State Issuing your License \_\_\_\_\_
2. Expiration Date \_\_\_\_\_ License Number \_\_\_\_\_
3. You are responsible for notifying the Approving official if your license is revoked or not renewed.

**PART IV. CERTIFICATION AND APPROVAL**

\_\_\_\_\_ Date \_\_\_\_\_ Approving Official Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature