

LC Signatures  
must be  
complete  
before taking  
this agreement  
to the dealer.



## COURTESY VEHICLE AGREEMENT FOR BUSINESS USE ONLY

### USE OF THIS VEHICLE FOR PERSONAL USE IS PROHIBITED

(Name of dealership) enters into this Courtesy Vehicle Agreement for Business Use Only with Lewis-Clark State College (LC State, Recipient), for the purpose of supporting the LC State athletic program, specifically for Coach \_\_\_\_\_ (Name of Coach), for \_\_\_\_\_ (Athletic program). The agreement is subject to the following terms and conditions.

#### **OBLIGATIONS OF EMPLOYEE**

1. Sign the [Vehicle Use Agreement](#) at the LC State Public Safety Office.
2. Purchase a Parking Pass at LC State Public Safety Office. Use of state funds is allowable for business use only courtesy vehicles.
3. Properly maintain vehicle with lube, oil filter service as required by the dealer at dealer's service department.
4. Pay insurance deductible, \$1,000, in case of damage to vehicle.
5. Pay for any traffic or parking violations.
6. Refrain from use of spare tire except in an emergency.
7. Notify dealer between 5,000 and 6,000 miles driven.
8. Return vehicle in good, resalable condition.
9. Return and/or exchange vehicle at: Date/Month/Mileage: \_\_\_\_\_
10. Other restrictions imposed by dealer: \_\_\_\_\_

#### **OBLIGATIONS OF DIRECTOR**

1. The athletics director will verify the Courtesy Vehicle Agreement are properly completed prior to LC State staff driving the courtesy vehicle. The athletics director will document such verification on a quarterly courtesy vehicle monitoring checklist.
2. The athletics director will verify all courtesy vehicle user mileage logs are forwarded to Payroll on a quarterly basis (January, April, July, and October) via email and document the submission in a quarterly checklist.

#### **COURTESY VEHICLE IDENTIFICATION**

Make: _____	Registered in the name of: _____
Model: _____	Payments (if any): _____
Year: _____	Approximate Value: _____
VIN#: _____	Current Odometer: _____

#### **DEALER SIGNATURE**

Dealer Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

#### **LC STATE SIGNATURES:**

*By signing below, you are confirming you have read and agreed to this agreement and Policy 4.106.*

Recipient Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_

Purchasing Director: \_\_\_\_\_

**Send a copy of completed form to [risk@lcsc.edu](mailto:risk@lcsc.edu).**