

DEPARTMENT PAYMENT AUTHORIZATION

To The Department: This form will be used to charge your departmental account for the cost of drug testing the individual listed below. The individual listed must operate or be available to operate a commercial motor vehicle in order to perform his/her job. All commercial motor vehicle operators (CMVOs) are required to submit to pre-employment and on-going random alcohol/drug testing under the Federal Omnibus Transportation Employee Testing Act of 1991.

Please return the completed form to: CMVO Drug Testing Program, POB 115008

Fax: (352) 392-8329 Telephone: (352) 392-4940

Individual's Name _____
 Job Title: _____ Position #: _____ Dept. ID#: _____
 Individual's current home phone number with area code: (_____) _____
 Individual's supervisor: _____ and Position #: _____
 Department: _____ Supervisor's work phone number: _____

TO BE COMPLETED BY HOME DEPARTMENT

Chartfield to be billed: _____ Department: _____
 Payment Authorized by (Please Print) _____ Signature _____ Date _____
 Campus Telephone# _____ Campus Address: _____

TO BE COMPLETED BY HUMAN RESOURCES

The University of Florida CMVO Drug Testing Program office when billed for test(s) will complete this portion.

DRUG TESTING CHARGE \$25.50 **ALCOHOL TESTING CHARGE** \$21.25

Test Date: _____

Test Type: Pre-employment Return-to-Work Follow-up
 Reasonable Suspicion Random Post Accident