

REQUEST FOR USE OF UNIVERSITY VEHICLES

Requested by: _____ Date Submitted: _____

Dept. _____ Account No. _____ Phone: _____

Purpose:

Destination: _____ Driver: _____

No. Passengers: Faculty/Staff _____ Students _____ Other _____

Keys or vehicle will be picked up at _____ on _____
(hour) (date)

Scheduled departure: _____ on _____
(hour) (date)

Scheduled return: _____ on _____
(hour) (date)

Type of Vehicle Requested:

(select one)

If Other, describe: _____

If bus is requested, who is in charge during the trip: _____

APPROVED BY:

Department Head: _____
(print) (sign) (date)

Dean: _____
(print) (sign) (date)

Vice President for Business Affairs

(if destination is out of state) _____
(sign)

Vehicle Costs: Cars @ _____ / mile Vans @ _____ / mile Buses @ _____ / mile

Vehicle and/or keys must be picked up at Auto Services between the hours of 7:30 a.m. to 4:00 p.m., Monday through Friday.

Credit Cards for gasoline purchases must be obtained from the Purchasing Department.

Vehicle Assigned: _____

AUTO SERVICES