

VEHICLE REQUEST FORM

This request form must be completed in full before a vehicle will be reserved and/or released.

Date: _____

Department Name: _____

Ext.: _____

Contact Person: _____

Please type or print:

Dates Needed		Time Needed		No. Vehicles Needed *	Destination
fm:	to:	fm:	to:		
fm:	to:	fm:	to:		
fm:	to:	fm:	to:		

*Each Van holds 7 passengers.

Please provide the following information for each individual who will be driving a campus vehicle:

Name	Driver's License No.	State Issued

The following information must be completed by the Department Head responsible for the budget that will be charged for use of Campus Vehicles. All use of Campus Vehicles must be sponsored by a department on campus and be for official university business only. Departments are liable for up to the amount of the school insurance deductible for damage done to campus vehicles.

Department #: _____

Department Head Name (please print): _____

Department Head Signature: _____

For Office Use Only:

Date request received: _____

Approved: _____

Date: _____

Denied: _____

Date: _____

Reason for Denial: _____