

VEHICLE REQUEST FORM

**This request form must be completed in full before a vehicle will be reserved and/or released.
When requests are approved you will receive a confirmation email from Parking & Transportation Services.**

Date: _____
Extension: _____

Department Name: _____
Contact Person: _____

Please Select One: Van Request Shuttle Charter Request *

*Please attach a separate sheet with charter details: pick-up/drop-off locations, times, addresses & any special instructions.

**Van Rate: \$25.00/day or \$0.40/mile (whichever is greater) plus gas.
Shuttle Charter Rate: \$46.72/hour (2-hour minimum required).**

| Date(s) Needed: | | Time(s) Needed: | | # of Vehicle(s) Needed** | Destination |
|-----------------|-----|-----------------|-----|--------------------------|-------------|
| From: | To: | From: | To: | | |
| From: | To: | From: | To: | | |
| From: | To: | From: | To: | | |
| From: | To: | From: | To: | | |

**Each van holds 7 passengers

**Each shuttle holds 20 passengers or 16 passengers plus 2 wheel chairs

Please provide the following information for each individual requesting to drive a university vehicle:
(Information not required if requesting a shuttle)

| Name:*** | Driver's License Number: | State Issued: |
|----------|--------------------------|---------------|
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*** Must be an authorized driver for the university.

The following information must be completed by the Department Head responsible for the budget that will be charged for the use of the University Vehicles.

Department Budget #: _____
(4 digit department code – 5 digit program code)

Department Head Name (please print): _____

Department Head Signature: _____

All use of university vehicles must be sponsored by a department on campus and be for official university business only.

For Internal Use Only: Approved Denied

Parking & Transportation Supervisor Signature

Date: _____

First Transit Supervisor Signature

Date: _____