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: ___________________________  Department Name: ___________________________
Extension: ______________________  Contact Person: ____________________________

Please Select One:  Vehicle (Van/SUV) Request  Shuttle Charter Request  *

Fleet Vehicle Rate: $15/gallon for fuel not replaced, $50 cleaning fee, liable for any damage.
Shuttle Charter Rate: $53.65/hour plus the cost of fuel (2-hour minimum required).*

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

**Fleet Vehicle Options** – (5) full-size SUVs which seat up to 8 passengers plus driver, (3) full-size vans with a large cargo area which seat 7 passengers plus driver, (1) mid-size SUV with limited cargo space which seats up to 7 passengers plus 1 driver.

Each shuttle holds 20 passengers or 16 passengers plus 2 wheelchairs. **All vehicles are available first-come, first-serve.**

Please provide the following information for each driver for the requested trip:
(Driver information not required if requesting a shuttle as the driver will be provided if the request is approved)

<table>
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<th>Driver Name:***</th>
<th>Chapman ID Number:</th>
<th>Approved</th>
<th>Denied</th>
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*** Must be an authorized driver for the university. Vehicles can be reserved prior to drivers being authorized but driver names must be e-mailed to Parking & Transportation Services **48 hours prior to reservation time** or the reservation will be cancelled. Non-authorized drivers are NEVER permitted to drive. If driver names provided are not authorized, vehicle usage will be denied.

The following information must be completed by the Supervisor responsible for the budget that will be charged for the use of the University Vehicles. Supervisors cannot approve a vehicle on behalf of themselves.

Department Budget #: _________________________________

(4 digit department code – 5 digit program code)

Departments are responsible for processing payment through A/P for any shuttle charter. An invoice will be emailed to the contact person.

Approver Name (please print): ___________________________  Title: ___________________________

Approver Signature: ___________________________  Date: ___________________________

All use of university vehicles must be sponsored by a department on campus and be for **official university business only.** Please specify rental/trip purpose:

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For Internal Use Only:  [ ] Approved  [ ] Denied  Notes: ____________________________________________________________

Date: ___________________________

Parking & Transportation Supervisor Signature

Date: ___________________________

First Transit Supervisor Signature

Date: ___________________________