Facilities

Fleet Vehicle Request

Name* _____ Date _____ Account # _____

*If student, signature of staff member in this vehicle or in another vehicle traveling with this vehicle _____

No. of Passengers: _____ Van ☐ Sedan ☐

Destination _____ State _____

Purpose of Travel:

_____

_____

Departure _____ *Date* _____ *Time* ☐ AM ☐ PM **Return** _____ *Date* _____ *Time* ☐ AM ☐ PM

Use of a university owned vehicle is with the understanding that it will be driven only by a university employee having a valid driver license, which is on file in the LENS program (see #7 on the reverse side of this form). It will be used ONLY for official college business.

Your signature indicates that you have read and understand the instructions on the back of this form.

_____ _____

Driver's Signature *Date* *Supervisor or Club Advisor Approval* *Date*

PART II – AUTHORIZATION FOR STUDENT DRIVERS

(Both signatures are required prior to travel)

_____ _____

VP Student Affairs Approval *Date* *Chief of University Police Approval* *Date*

PART III – AUTHORIZATION FOR OUT OF STATE TRAVEL

_____

President or Designee Approval *Date*

PART IV – MUST BE COMPLETED BY DRIVER

Date Out _____ Time _____ ☐ AM ☐ PM Date In _____ Time _____ ☐ AM ☐ PM

Odometer Readings: Starting _____ Ending _____

Was Credit Card Used? ☐ Yes ☐ No (If yes, receipts must be enclosed in vehicle packet)

Mechanical Defects Noted:

_____

_____

FACILITIES USE ONLY

Vehicle Scheduled ☐ Vehicle Unavailable ☐ Response Date _____

Vehicle License Number Assigned _____