# **UNIVERSITY VEHICLE REQUEST FORM**



|  |  |  |  |
| --- | --- | --- | --- |
| ***VEHICLE ASSIGNED*** | 12 Passenger |  |  |
| To be completed by | Van No. |  |  |
| Facilities Services |  |  |  |

Official Use Only

##### **THIS FORM REQUIRES SIGNATURES AND THEREFORE, MUST BE PRINTED OUT*.* SEND COMPLETED FORM VIA CAMPUS MAIL TO THE OFFICE OF FACILITIES SERVICES - SERVICES COMPLEX 3 WEEKS PRIOR TO DATE OF DEPARTURE. PLEASE DO NOT FAX. CALL EXT. 3452 SHOULD YOU HAVE ANY QUESTIONS.**

PART I ~ TO BE COMPLETED BY PERSON REQUESTING VEHICLE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Date of Request:*** | | | |  | | | | | ***Destination (City, State):*** | | | | | | | | | | | |  | | | | | | | | | | | |
| ***Purpose:*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Key Pick up:*** | | | | DATE: | | | | (Mon-Fri) | | | TIME: | | | | | | (8:00 a.m. - 4:00 p.m.) | | | | | | | | |  | a.m. | |  | | p.m. | |
| ***R******eturn Details:*** | | | | DATE: | | | |  | | | TIME: | | | | | |  | | | | | | | | |  | a.m. | |  | | p.m. | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Driver | | |  | | | | | | | | | | |  | | | | #2 Driver Name | | | |  | | | | | | | | | | |
| License # | | |  | | | | | | | | | | |  | | | | License # | | | |  | | | | | | | | | | |
| Email Address | | |  | | | | | | | | | | |  | | | | Email Address | | | |  | | | | | | | | | | |
| Campus Mailing Address & Phone | | |  | | | | | | | | | | |  | | | | Campus Mailing Address & Phone | | | |  | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | |
| **If you have more than 2 drivers, please attach an additional list.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTICIPATION IN THE *LICENSE EVENT NOTIFICATION SERVICE* PROGRAM (LENS) IS MANDATORY FOR ANY DRIVER USING A STATE VEHICLE. THERE WILL BE NO EXCEPTIONS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | |  | |  | | | | | | | | | | | |
| ***Passenger(s) in addition to the driver(s):*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | |
| **The use of 12 passenger vans is limited to groups of 5 or more individuals.** | | | | | | | | | | | | | | | | | | | | | | | | | Complete separate forms if more than one vehicle  is needed | | | | | | | |
| ***Special Requests:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Dept. Budget Code:*** | | | | | | |  | | | | | |  | | | Driver’s Supervisor or ***Dept. Head Name:*** | | | | | | | |  | | | | | | | | |
| *(cannot be a grant*) | | | | | | |  | | | | | |  | | | *(cannot be the same as the driver*) | | | | | | | | |  | | | | | | | |
| ***Authorized Signature:*** | | | | | | |  | | | | | |  | | | ***Signature:*** | | | | | | | |  | | | | | | | | |
|  | | | | | | |  | | | | | |  | | |  | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please mail completed form to Facilities Services 3 weeks prior to departure. DO NOT FAX. Thank you** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

#### PART II ~ TO BE COMPLETED BY OFFICE OF FACILITIES SERVICES

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Approved |  | Not Approved |  | | No Available Vehicles | Date |  |
|  |  | | | | |  |  | | --- | --- | |  | Not Approved | | | Mileage |  |
| Authorized Signature | | | | | (LENS) | | Charge |  |
|  | | | | |  | |  |  |

#### PART III ~ TO BE COMPLETED BY DRIVER AND TURNED IN TO AUTOMOTIVE GARAGE DROP BOX

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Driver’s Signature:*** |  | | | **Date:** |  |
| ***Starting Odometer Reading:*** | | |  | ***Ending Odometer Reading:*** |  |
| ***Mechanical Defects:*** | |  | | | |

Updated: July 1, 2019