# **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 formsif 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