



University Vehicle Request Form

Please submit form to the Campus Safety Department

Name: _____

Position: _____

Office Phone Number: : _____

Date of Request: _____

Department: _____

Type of vehicle requested: (Please check all that apply)

- Buick 1 2 3
- Van(s) 1 2 3 4

Date to be picked up: _____

Time of pickup: _____ AM PM

Date of return: _____

Time of return: _____ AM PM

Will you require a driver? Yes No

*If no, name of driver(s) you have: _____

Driver is responsible for picking up and returning keys to Campus Safety who can be reached at x9500 at all hours.

Charge to Account # _____

Where will you be traveling? (Please include address) _____

What is the purpose of the trip? _____

Who will be in the vehicle? _____

Please note, this form must be filled out completely and sent inter office mail in order for your request to be approved. Failure to completely fill out this form, including Department Director's signature five (5) business days in advance could result in the request being denied. Once a request has been approved, an email will be sent to the individual requesting the vehicle and the department head within two (2) business days. By signing this request, you acknowledge and agree with all of the rules on the usage agreement document.

Department Head (please print/type): _____

Signature of Department Head: _____

** Please also double check that the correct account information is given above.

Official Use Only	
Date Received: _____	Date Approved: _____
Date of Confirmation: _____	