



VEHICLE REQUEST FORM

Employee Requesting Vehicle

Campus

Department/Division

Type of Vehicle

Destination

Number of Persons

Name(s) of Passengers*

Purpose of Trip

Date/Pick Up Time

Date/Time of Return

Driver's License #

Expiration Date

**Note: Passenger Liability Waiver Required for All Unauthorized Passengers.*

Signature of Employee Requesting Vehicle

Date

APPROVAL:

Supervisor of Employee

Date

Transportation Coordinator (*City Park Campus only*)
Or Campus/Site Vehicle Manager (*designated by Executive Dean*)

Date

Original: Transportation Coordinator or Campus/Site Vehicle Manager (as applicable); Copy: Employee