

University of Montevallo

Motor Pool Vehicle Request

Date: _____

To: Auto Services Supervisor

Station 6160

From: _____

Sta. _____ Ext. _____

REQUEST FOR USE OF STATE VEHICLE:

Request should be made as far in advance as possible.

Driver's Name _____ Department _____

Departmental Budget Code for Travel _____

Type of Vehicle Requested Sedan Mini Van 12-Passenger Van

Destination _____

(For out of state trips: Attach Request for Travel approved by President)

Purpose of Trip _____

Number of Passengers _____

Date and Time of Departure _____

Date and Time of Expected Return _____

SIGNATURE OF DEPARTMENT HEAD (Responsible for Authorizing Travel)

Send *three* copies to Physical Plant. A final copy will be returned with reply.

*The above requested vehicle (will be, is not) available on the dates requested.

CREDIT CARDS ISSUED:

CARDS RETURNED:

1. _____

Yes No

2. _____

Yes No

Vehicle Number _____

Odometer Reading Beginning of Trip _____

Odometer Reading Ending of Trip _____

Total Miles Traveled _____

Total Charges for Vehicle _____

Condition of Vehicle Excellent Good Fair Poor

If Poor- Reason Why _____

Problems or Necessary Repairs _____

Driver's Name _____

I certify that I have a **valid** driver's license:

Driver's Signature

Driver's License Number