

University of Montevallo Motor Pool Vehicle Request



To: Tim Nash

Auto Services Supervisor

Name: _____

Email: _____

Station: _____ Ext: _____

Date: _____

REQUEST FOR USE OF STATE VEHICLE

One form per vehicle request. Cancellations not made 48 hours in advance will incur a daily charge. Request should be made 7 days in advance. A final copy with vehicle verification will be emailed to you. A drivers license and a copy of Motor Pool Request will be required to pick up vehicle from Police Department.

Department: _____

Head of Department: _____

Departmental Budget Code for Travel: _____

Type of Vehicle Requested: _____

Destination: _____

Purpose of the Trip: _____

Number of Passengers: _____

Date of Departure: _____ Date of Return: _____

Driver's name: _____

Driver's License number: _____ State issued: _____

Please submit form after filling in all the above information. You will receive confirmation and vehicle information via email.

Signatures below will not be required until you print the confirmation Email

Please print the confirmation form you will be receiving from Auto Service supervisor. The printed form will need to be signed by the authorizing department head and the driver associated with the vehicle. Printed and signed form will be required when picking up the vehicle from UM Police.

Department head signature (Responsible for authorizing travel):

I certify that I have fulfilled the requirements of the Driver Safety & Vehicle Management Program.

Driver's signature:

Auto services use only:

The above requested vehicle is _____ is not _____ available on the date requested

Vehicle issued: _____

Odometer Reading Beginning of Trip: _____ Odometer Reading End of Trip: _____

Total Miles Traveled: _____ Mileage Charge: _____ Daily Charge: _____ Total Charge: _____