

# ST. LAWRENCE UNIVERSITY

## Vehicle Request/Approval Form

### Vehicle Information

# of Passengers \_\_\_\_\_

**Complete 1 request form per vehicle capacity.**

Type of vehicle needed: (Mark 1, 2, 3 in order of preference)

- \_\_\_\_\_ Sedan (Seats 5)  
\_\_\_\_\_ Full Size Van (Seats 11 or 12)  
\_\_\_\_\_ Minivan (Seats 7)  
\_\_\_\_\_ Special Needs Van (Seats 6)

Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_ (Monday through Friday and non-Holidays only.)

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vehicles are parked in the facilities operations fleet parking lot by identification number. Keys and paperwork can be picked up at the facilities operations office on **Monday through Friday and non-Holidays 7:30 a.m. to 4:00 p.m.**

### Driver and Passenger Information

**Note: Only certified/approved drivers may drive University vehicles. Authorization is obtained through the campus support office.**

Driver's Name: \_\_\_\_\_

(Please print.)

Department: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Department Head Approval: \_\_\_\_\_

(Please print.)

Advisor: \_\_\_\_\_

(Please print.) **(Overnight trips are not allowed without an advisor.)**

Type of Passengers (circle): Faculty Staff Students Administration Other: \_\_\_\_\_

Student Organization (Identify): \_\_\_\_\_

Other (Identify): \_\_\_\_\_

### Travel Information

**Destination – Be specific (Identify hotel, conference, meeting site, etc.):**

\_\_\_\_\_

Purpose of travel: \_\_\_\_\_

### Billing Information

**Budget account number to be charged:** \_\_\_\_\_

Mileage of Trip \_\_\_\_\_ x \$.50/mile = \$ \_\_\_\_\_

The department budget will be charged at the rate of \$.50 per mile for the use of the named vehicle.

**I understand and will abide by the Vehicle Policy** \_\_\_\_\_

**Signature**

**\*\*\*DO NOT WRITE BELOW THIS LINE – FACILITIES OPERATIONS ONLY\*\*\***

Approved/Scheduled By: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle ID# \_\_\_\_\_