

VEHICLE REQUEST INFORMATION FORM

**** Once you have completed this form, please turn it in to Bonnie Arriaga SUMC Room 404 ****

Requestor's name (Must be President or Treasurer) _____

Requestor's Title _____

Requestor's Phone Number _____

Club/Organization _____

Type of Vehicle and How Many: _____

Destination (Please be specific) _____

Approximate Total Mileage _____

Date/ Time Departure _____ Date/Time Returning _____

Number of Students _____

Number of Non Students* _____ * Attach a list of all non-student passengers

Purpose of Trip (if attending a conference, you must attach a copy of the conference flyer)

Account # or Direct Pay _____

Advisor's Name _____

Number of Drivers _____

Have all drivers complete HOV training? YES _____ / NO _____ (must be completed before reservations can be confirmed)

(Attach a copy of the driver's license(s) and HOV cards from all drivers)

***** For Office Use Only *****

Confirmation #

Date Received:

Revised: 2006