

University Vehicle Use Request

Requests must be submitted at least 3 business days in advance. Driver must be authorized.

Driver Information

Name

Employee ID

Department *

Driver's License Number

State

Expiration

Trip Details

Purpose of Trip *

Destination *

Departure Date *

(MM/DD/YYYY)

Return Date *

(MM/DD/YYYY)

Number of Passengers

Vehicle Preference

Vehicle Type

Sedan

SUV

Van (7 passengers)

Van (15 passengers)

No Preference

Driver Certification

I have a valid driver license

I have completed driver authorization training

I have no DUI/DWI convictions in the past 5 years

I agree to follow all university vehicle policies

Driver Signature

Sign above

Date: _____

Supervisor Approval

Sign above

Date: _____