

## University Vehicle Use Request

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

### Driver Information

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Name

Employee ID

Department \*

Driver's License Number

State

Expiration

### Trip Details

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Purpose of Trip \*

Destination \*

Departure Date \*

(MM/DD/YYYY)

Return Date \*

(MM/DD/YYYY)

Number of Passengers

## Vehicle Preference

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### Vehicle Type

Sedan

SUV

Van (7 passengers)

Van (15 passengers)

No Preference

## Driver Certification

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**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: \_\_\_\_\_