

University of Montevallo Motor Pool Vehicle Request



To: Auto Services Supervisor
Station 6160

From: _____

Station: _____ Ext: _____

Date: _____

REQUEST FOR USE OF STATE VEHICLE

Request should be made 7 days in advance. Send three completed copies of this form. A final copy will be returned with a reply.

Driver's Name: _____ Department: _____

Departmental Budget Code for Travel: _____

Type of Vehicle Requested:	Sedan	Mini-Van	12-Passenger Van
	Cargo Van	½ Ton Truck	1 Ton Box Truck

Destination: _____

Purpose of the Trip: _____

Number of Passengers: _____

Time/Date of Departure: _____ Time/Date of Return: _____

SIGNATURE OF DEPARTMENT HEAD (Responsible for Authorizing Travel):

The above requested vehicle is is not available on the dates requested.

Vehicle Number: _____

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

Total Miles Traveled: _____ Total Charges for Vehicle: _____

Condition of Vehicle: Excellent Good Fair Poor

If Poor, Why? _____

Problems or Necessary Repairs: _____

Driver's Name: _____

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

Driver's Signature

Driver's License Number