Trip Number ______ (Official Use Only)

Motor Pool Vehicle Rental Request

Requestor:	Email:		Ext:		
Driver's Name			_ Faculty	_ Staff	Student
Number of Passengers	Faculty	Staff	Students	s0	ther
Names of Passengers (You	may fax a separate	sheet if neces	sary)		
Destination		State			
(Trips over 300 miles round trip	must get prior approva	l from Risk Man	agement)		
Pick Up Day & Time	Return Day & Time				
Vehicle Requested Car	_Golf Cart (4) (6	5) <u> </u>	n (7)(8)	Maxi-Van (11)(12)
In	clude the number of	vehicles if you	need more tha	n one	
HAULING OF EQUIPMENT, REFUS	SE, ANIMALS, ETC IN VA	NS IS PROHIBITI	DFOR PASSENG	ER TRANSPORTA	TION USE ONLY
MVR Completed Atte	ended Driver Safety	/ Training	*Available	Vehicle Add-C	ns* EZ-Pass
Department	Dept. Budget Code				
Educational Objective or U	niversity Sponsored	Event (Purpos	e of trip		
Driver Signature			Driver Name Printed		
	Date				_Date
Signature			Print		
Department Chair/Director	or Authorized Desi	gnee Signatur	e and Printed	Name	
	Date				_Date
Signature			Print		
Department Chair, Director qualifications established required to pay a \$1,000 of repairing any accidental d University business use O *Students: must be at lea Employees (student wage license for a minimum of **Passengers under the a	by the Commonwea deductible (or the tot lamage to the vehicle NLY. Only the drivers st 20 years of age, ha e employees) must be two years. You must	Ith for operatin cal repair cost in es in their posses s listed above a eve possessed a e at least 18 yea be certified the	g State owned less than the d ession. State ow re permitted to valid driver's li ars of age and h rough Campus P	vehicles. Depai eductible) tow rned vehicles an operate the as cense for a mir ave possessed a	tments will be ards the cost of re for official signed vehicle (s). imum of 2 years. a valid driver's