

**ANGELO STATE UNIVERSITY
UNIVERSITY VEHICLE REQUEST FORM**

TO: FACILITIES MANAGEMENT

Please reserve _____ University vehicle(s) for the following trip:

_____ 12 PASSENGER VAN

_____ MID-BUS (24-PASSENGER)

_____ ELECTRIC CART (8 PASSENGER)

_____ MID-BUS (28-PASSENGER)

DESTINATION(S): _____
(Include all travel destinations on this trip)

PURPOSE OF THE TRIP: _____

ACCOUNT NAME(S) TO BE CHARGED: _____

ACCOUNT NUMBER(S) TO BE CHARGED: _____

DATE AND TIME TO PICK UP VEHICLE: _____

DATE AND TIME OF VEHICLE RETURN: _____

DRIVER(S) OF VEHICLE(S):

* NAME _____ DRIVER'S LICENSE # _____ D.O.B. _____

* NAME _____ DRIVER'S LICENSE # _____ D.O.B. _____

* NAME _____ DRIVER'S LICENSE # _____ D.O.B. _____

***All drivers listed above must 1) have a valid Class C or Chauffeur's License, 2) be employed by Angelo State University, and 3) be approved to drive by the University's insurance carrier.**

(NOTE: THE FACULTY OR STAFF DRIVER RESPONSIBLE FOR THE TRIP MUST PICK UP THE RESERVED UNIVERSITY VEHICLE.)

"I certify that the above trip is for official state business only."

Signature of Department Head

Date

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Facilities Management office.

APPROVED:

Office Coordinator

Date