

Angelo State University
University Vehicle Request Form

****All Fields Required****

Name:

E-mail Address:

Date:

Department/Organization:

Phone Number:

Destination(s):

Purpose of the Trip:

Account NAME(s) to be Charged:

Account NUMBER (s) to be Charged:

NOTE: You must enter a number here

Vehicle Type (Van, Mid-Bus, Electric Cart):

Number of Vehicles:

Date to Pick Up Vehicle:

Time to Pick Up Vehicle:

Date of Vehicle Return:

Time of Vehicle Return:

Driver Information:

Driver 1:

Driver 4:

Driver 2:

Driver 5:

Driver 3:

Driver 6:

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.

"By submitting electronically, I certify that the above trip is for official state business and approved by the department head. Also, I have read and understand the process for renting university vehicles."