

# ST. LAWRENCE UNIVERSITY

## Vehicle Request/Approval Form

### Vehicle Information

# of Passengers \_\_\_\_\_

Type of vehicle needed: (check one)

\_\_\_\_\_ Sedan (Seats 5)

\_\_\_\_\_ Full Size Van (Seats 11)

\_\_\_\_\_ Minivan (Seats 7)

\_\_\_\_\_ Special Needs Van (Seats 6)

Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Date – Monday through Friday only.)

Vehicles are parked in the facilities operations fleet parking lot by identification number. Keys and paperwork can be picked up at the facilities operations office on Monday through Friday 7:30 a.m. to 4:00 p.m.

### Driver and Passenger Information

*Note: Only certified/approved drivers may drive University vehicles. Authorization is obtained through the campus support office.*

Driver's Name: \_\_\_\_\_

(Please print.)

Department: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Department Head Approval: \_\_\_\_\_

(Please print.)

Advisor: \_\_\_\_\_

(Please print.) (Advisor to student driver for overnight trips.)

Type of Passengers (circle): Faculty Staff Students Administration Other: \_\_\_\_\_

Student Organization (Identify): \_\_\_\_\_

Other (Identify): \_\_\_\_\_

### Travel Information

Destination – Be specific (Identify hotel, conference, meeting site, etc.):

\_\_\_\_\_

Purpose of travel: \_\_\_\_\_

### Billing Information

**Budget account number to be charged:** \_\_\_\_\_

Mileage at Time of Return \_\_\_\_\_

Mileage at Time of Departure \_\_\_\_\_

Mileage of Trip \_\_\_\_\_ x **\$.585/mile** = \$ \_\_\_\_\_

The department budget will be charged at the rate of \$.412 per mile for the use of the named vehicle.

\*\*\*DO NOT WRITE BELOW THIS LINE – FACILITIES OPERATIONS ONLY\*\*\*

Approved/Scheduled By: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle ID# \_\_\_\_\_

*Driver must return a copy of this form to the appropriate department head or supervisor for budget maintenance purposes.*