Request for Use of University Vehicle(s)

Request for University: Car(s)_______ Van(s)________ *Bus(es)________

Number Number Number

*A driver is assigned and charged for each bus requested.

Request Emergency Roadside Kit: YES ☐ NO ☐

Banner FOAP: Fund_______ Org_______ Acct_______ Prog_______

Beginning at: __________ on __________ Returned to the car pool no later than __________ on __________

Time Date Time Date

Person in charge of this vehicle: ______________________________________________________________

Telephone/cell number/e-mail for the contact person is:___________________________________________

Destination: _________________________ The total round trip will be _______________

City, State Miles

Purpose of the trip: _________________________________________________________________________

Bus Driver Instructions: _____________________________________________________________________

_________________________________________________________________________________________

• Cancellations must be made within 72 hours of departure time by calling the Facilities Office at (256)765-5054
• Driver must present a valid driver’s license in order to pick up keys or have a current copy of their driver’s license on file in the Facilities Office.
• Please adhere to the check-in and check-out times so the next user will not be inconvenienced.
• All university policies and procedures must be adhered to while on university business.
• Please ensure that a minimum of a quarter tank of gas is in the vehicle upon check-in.

AT NO TIME WILL A UNIVERSITY-OWNED VEHICLE BE USED FOR PERSONAL USE.

Date: ____________________________________________ ______________________________ Signature of Driver

PLEASE STATE THE NUMBER OF PEOPLE MAKING THE TRIP: _________

APPROVED__________________________________

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