

VEHICLE REQUEST FORM

Requests for usage of a Stillman College vehicle should be made at least **(1) week** prior to travel. You will be notified within **12 business hours** after this form has been processed for approval or denial.

Name: _____ Phone: _____
Last Name First Name

Purpose of Trip: _____ Destination: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

*It is imperative that the vehicle be returned at by the time stated.

Estimated Mileage: _____

DRIVER/PASSENGER INFORMATION

Driver: _____ Number of Passengers: _____

Passengers: _____

You are required to list **ALL** passengers. Facilities Management and Campus Police should receive a copy for emergency purposes.

DEPARTMENT INFORMATION

Department: _____ Account Number: _____

SIGNATURES

Requestor Signature: _____ Date: _____

Vice President/Supervisor Signature: _____ Date: _____

Registration, insurance cards, accident reports, and emergency phone numbers are located in vehicle book.

FACILITIES MANAGEMENT ONLY

REQUEST APPROVAL:

Approved

Denied

Reason: _____

Starting Mileage: _____

Ending Mileage: _____

Total Mileage: _____

REQUEST PROCESSED BY: _____ DATE: _____

Please submit the completed form to Stillman College Facilities Management and/or email Joskien Howard at jhoward@stillman.edu.