

Vehicles are to be picked up between 8 A.M. and 5:00 P.M. Monday through Friday at the Transportation Office. When filling out this form, please fill it out completely. This original form must be approved and signed by a person of authority and submitted to the Transportation Office at least two business days in advance. All requests will be evaluated and reservations will be made on a first come, first served basis as outlined in the Vehicle & Utility Vehicle Policy. State fleet vehicles use must be for an authorized purpose, and official business of Fort Valley State University. Confirmation of the reservation will be provided for all requests.

A. Billing Information

Department Name Today's Date:

Account # Fund # Dept # Program # Class #

Budget Ref # Project # (if applicable)

B. Driver/ Requestor Information

First and Last Name Employee ID

Driver's Email Driver's License Exp. Date

Work Phone Cell Phone Alt Phone

C. Alternate/ Requestor Information

First and Last Name Employee ID

Work Phone Cell Phone Driver's License Exp. Date

D. Travel Information

Check Box

Destination (city/state/country) State Country

Date/Time (pick up) A.M. P.M. Date/Time (drop off) A.M. P.M.

Is travel for FVSU or State business?
 Yes No

Will student(s) be in the vehicle? If you answer yes for student or there passengers in the vehicle, the second page of this form MUST also be completed.
 Yes No

Number of Employee Passengers _____
Number of Student Passengers _____

Purpose of Travel

E. Travel Information

Type of Vehicle Requested (check)

- ___ sedan
- ___ 14 passenger
- ___ 12-13 pax van
- ___ 26 passenger
- ___ SUV(enterprise)
- ___ 32 passenger
- ___ Utility Vehicle
- ___ 55 passenger

F. Signature of Driver

I understand the dangers of distracted driving caused by the use of electronic devices while operating a motor vehicle or utility vehicle. I will refrain from using any electronic device during the operation of a FVSU State Fleet vehicle and abide by the FVSU "hands free" cell phone policy.

Signature _____ Date _____

G. Approval by Authority

By my signature on this Vehicle Request, I acknowledge the FVSU Vehicle policies/procedures have been reviewed regarding authorization of employee use of a FVSU State Fleet Vehicle.

check one: VP Chair Dean Dept Head Director Manager/Supervisor

Print Name _____ Phone _____

Signature _____ Date _____

