**Illinois State University**

**Campus Recreation**

**INTERNAL DEPARTMENT VEHICLE REQUEST**

Vehicles requested: Cars #    Minivans #     12 Passenger Vans #

Purpose of Trip:

Sport Club or Program:

Contact Name:       Phone #:

Destination: City       State

Leave:             a.m. p.m. Return:             a.m. p.m.

(Date) (Time) (Date) (Time)

Estimated round trip mileage:       To Be Used Overnight:  Yes  No

Number of Passengers: Staff:       Student:

Driver Status: Administration Faculty Staff Student

Please list all anticipated drivers:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | UID # | Are you at least 20 years old on Date of Departure: | Are you Van Trained: |
|  |  |  |  |
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|  |  |  |  |

Safety Officer Name:

Vehicle Cost: $       Funds to be used:  Fee Allocation  Members Fund

Form Submitted By (PRINT)       (SIGN)

Date Submitted:       Account Number:

Approved By: Date:

(Campus Recreation Designee)

**Office Use Only**

Date Received: Vehicle #’s Assigned:

Date Entered Online: Vehicle Calendar Posted:

Request Confirmed: Program Notified:

as.Q:Campus Recreation/FORMS-BLANK TEMPLATES/TRAVEL FORMS/vehicle request.rev 1/5/17