**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: |
|       |       |[ ] [ ]
|       |        |[ ] [ ]
|       |        |[ ] [ ]
|       |        |[ ] [ ]
|       |        |[ ] [ ]
|       |        |[ ] [ ]
|       |        |[ ] [ ]

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