**Request for Motor Pool Vehicle**

**Department:**

**DEPT./OFFICE PHONE NO.:**

**Budget/Fund Acct. #:**

**Requested By:**

**DEPT./OFFICE PHONE NO.:**

**Driver’s Name:**

**Telephone No.:**

**Travel to Begin (Date-Time):**

**Travel to End (Date-Time):**

**Purpose of Trip:**

**Destination:**

**Estimated Mileage:**

**Approval of Dept. Head or Agent (Signature):**

**Signature for Receipt of Car:**

<table>
<thead>
<tr>
<th>Date and Time In</th>
<th>Credit Cards Returned</th>
<th>Checked In By</th>
<th>Odometer Reading In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time Out</td>
<td>Credit Cards Issued</td>
<td>Assigned By</td>
<td>Odometer Reading Out</td>
</tr>
</tbody>
</table>

**Driver Comments:** Please report suggestions and/or mechanical difficulties in this space.

**Total Miles Driven:**

**Per Mile:** $ 

**Total Amount:** $

**Signature of Driver:**

---

**NOTE:** Motor Pool Vehicles are to be used ONLY for authorized University travel, and may not be driven for personal use.