Southeastern Oklahoma State University
Motor Pool Department
Vehicle Request Form

Request can be made only by Full-Time Faculty or Staff

Date of this Request: ________________________________

Request Made By: ________________________________

Department to be charged: ____________________________

Your Ext. #: _______ P.O. Box # ______ Fax: _______

Contact Email: ________________________________

Departure Date: ________________________________

Departure Time: ____________________ □ AM □ PM

Return Date: ________________________________

Return Time: ____________________ □ AM □ PM

Destination City: ____________________________________________________________________________________________

What is the purpose of your trip: _______________________________________________________________________________

__________________________________________________________________________________________________________

Comments/Requirements: _____________________________________________________________________________________

_________________________Number of Persons Traveling in the Vehicle (Number includes driver)

TYPE OF VEHICLE REQUESTED:
(Indicate how many of each vehicle)

__________________________________________

NAME OF EACH DRIVER DL # STATE

_________ Car

_________ Large Van *

_________ Pick up**

_________ Rental Vehicle (specify)

_________ Minivan

_________ Charter Bus ___ Size?

_________ SE Bus (33-passenger/Driver provided by Motor Pool)

*Requires a driver that has been through the Safe Van Driving Training.  **Must be rented – no pickups available through Motor Pool

You are only allowed to put ten (10) people in the large vans (including your driver), in compliance with DOT recommendations

__________________________________________

DEPARTMENT HEAD APPROVAL (Signature) Account Number to be charged for this trip

Must be completed at submission or form will be returned to the Requesting Department!

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__________________________________________

FOR MOTOR POOL OFFICE USE ONLY

Date Form Received In Office: ____________ Date Booked ____________