

ASB/USG Motor Pool Vehicle Request

Today's Date _____ Organization _____ 9-Account _____ 2-Account _____

Primary Contact Person _____

Primary Contact Person E-mail _____ Phone _____

Alternate Contact Person _____

Alternate Contact Person E-mail _____ Phone _____

TRIP INFORMATION

Destination _____

Purpose of Trip _____

Total 1-Way Miles _____

Departure Date and Time* _____ Return Date and Time* _____

Number Traveling** _____ Type and Amount of Equipment _____

REQUESTED DRIVERS (1 driver required for every 250 miles one-way)

Printed Name	E-mail Address	MVR Consent Signed?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If additional drivers are requested, please add a separate page including the information above)

Printed Name of Student Representative _____ Student Representative Signature _____ Date _____

Printed Name of Organization Adviser _____ Organization Adviser Signature _____ Date _____

* While keys may be picked up ahead of time, your organization's actual possession of the vehicle will be limited to the time indicated unless otherwise approved.

** Only University-affiliated passengers will be allowed (which includes coaches and organization members). For all trips, please attach a list of all passengers who are neither University students nor employees. For all out-state trips, please attach a list of all passengers.