

Transportation Mobility Center *Vehicle Request Form*

For Office Use Only

Request Number: _____
Date: _____
Vehicle Number: _____
Amount: _____
Confirmed: ☐ Yes ☐ No

Please submit all vehicle requests 14 days prior to departure. Submit one rental request per vehicle. All requests are required to be faxed to 601-979-2526.

******Please note a request does not guarantee vehicle rental approval******

Section 1: Requestor and Driver Information

Date: _____ Department Name: _____

Requestor: _____ Requestor Email Address: _____

Driver: _____ Driver Email Address: _____
(Type or Print)

Please verify if the driver has a current and valid license. Please check yes or no. Yes ☐ No ☐

Driver's License Number: _____ Expiration Date: _____

Office Phone: _____ Mobile Phone: _____

J-Number: _____ Email Address: _____

Payment Type: Please check desired method of payment: ☐ Check ☐ Interdepartmental Transfer

****Payment is due prior to departure****

Section 2: Request Details

Purpose of Trip: _____

Destination: _____

Type of Vehicle: ☐ Sedan (1-5) ☐ Minivan (5-7 passengers) ☐ Standard Van (7-12 passengers)
☐ Shuttle (15-32 passengers) ☐ Motor Coach I (20-42 passengers) ☐ Motor Coach II (40-55 passengers)

Driver Needed for Van? Please check yes or no. Yes ☐ No ☐

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Pickup Location: _____ Passenger #: _____

Please provide names of passengers: _____
(If needed, please add additional names on the back of this form)

Section 3: Official Approval

Print: _____ Signature: _____ Date: _____

Department Head

**** IHL stipulates that there can be no more than 10 occupants (1 driver & 9 passengers) per 12-15 passenger van in order to reduce risk of rollover****

******Only JSU employees should occupy and operate University vehicles******