VEHICLE REQUEST FORM

Date ____________________ Acct.# ____________________

Dept. Name: __________________________________________

Office Phone # ____________________ Home Phone # ____________

Requestor: _____________________________________________

(Type or Print)

Purpose of Trip: _________________________________________

Destination: _____________________________________________

Check one of the following:

◇ In State Official Business ◇ Out of State Official Business

◇ In State Conference ◇ Out of State Conference

Departure Date ____________________ Time: _________________

Return Date ____________________ Time: _________________

Pickup Location: ____________________ Passenger #: ____________

Approval: _____________________________________________

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**

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For Office Use Only

Work Order #: ____________________ Date ____________________

Vendor Name: ____________________ Amount: _________________

**PAYMENT DUE PRIOR TO DEPARTURE**

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