East Central University

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 Extension #: _____ Group or Organization: _____

Departure Date: _____ Vehicle Pick-up/Departure Time: _____ AM PM

Return Date: _____ Return Time: _____ AM PM

Destination Address: _____ City/_____ State/_____

What is the purpose of your trip? _____

_____ Number of Persons Traveling in the Vehicle (Number includes driver).

Type of Vehicle Requested:

_____ Bus (27 Passengers) **Bus Driver Cell Phone #: (580) 310-5986**

_____ Van (15 Passengers)

Name of each ECU employed valid driver_____
License #_____ State _____

Trip Sponsor's Name: _____

Day Phone: _____

Night Phone: _____

**** Approval of Department Dean**: Signature: _____ Date: _____

26910. A full-time faculty or staff member must make the request for a vehicle. That person is responsible for safe operation and care of the vehicle while in their custody.
26911. The person requesting the vehicle is responsible for who is allowed to drive the vehicle. The driver must be employed by the University.
26912. The driver is responsible for citations received as a result of the manner in which the vehicle is driven or parked.
26913. Personal use of a University owned vehicle is prohibited by State Law. It must be used for University related business only. *Vehicles cannot be taken home at night*.
26914. A gasoline credit card will be with the keys checked out for your trip. Such cards ***may not*** be used to purchase fuel for a privately owned vehicle, whether on official University business or not.
26915. Vehicles are to be taken ***only at the time indicated on the request form, and they must be returned at the time listed***. Vehicles may not be taken off campus for a trip leaving the next day.
26916. Please return the vehicle, keys, gas receipts, etc. as soon as your trip is complete, so the vehicle may be prepared for the next trip.

For Office Use Only

Date Form Received in Office: _____ Date Booked: _____ Booked By:_____

Date Copy Returned: _____ Date Faxed to Bus Driver @ (580) 436-0702:_____