East Central University Vehicle Request Form

Request can be made only by Full-Time Faculty or S	Staff	Date of this Request:		
Request Made By:	Department to	be Charged:		
Your Extension #:	Group or Organ	nization:		
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 Veh	icle (Number includ	des driver).		
Type of Vehicle Requested:				
Bus (27 Passengers) Bus Driver Cell Phot	ne #: (580) 310-598	36		
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	e:	Date:		
 26910. A full-time faculty or staff member must make the the vehicle while in their custody. 26911. The person requesting the vehicle is responsible for University. 26912. The driver is responsible for citations received as a 26913. Personal use of a University owned vehicle is prohiver the vehicles cannot be taken home at night. 26914. A gasoline credit card will be with the keys checke owned vehicle, whether on official University business 26915. Vehicles are to be taken only at the time indicated may not be taken off campus for a trip leaving the next 26916. Please return the vehicle, keys, gas receipts, etc. as 	r who is allowed to dr result of the manner ibited by State Law. ed out for your trip. So s or not. <u>on the request form,</u> t day. soon as your trip is co	vive the vehicle. The driver must in which the vehicle is driven or It must be used for University rel uch cards <u>may not</u> be used to pur <u>and they must be returned at the</u> omplete, so the vehicle may be p	be employed by the parked. ated business only. whase fuel for a privately e time listed. Vehicles	
Fo	or Office Use O	nly		
Date Form Received in Office: D	ate Booked:	Booked By:		
Date Copy Returned: D	Date Faxed to Bus D	e Faxed to Bus Driver @ (580) 436-0702:		