State Vehicle Authorization Form

Student Organization: _____

Purpose of Travel: _____

Destination: _____

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

Type & Number of Vehicles Requested: _____

Number of Travelers: _____ (List names and ID #'s on General Release Form)

Name of Driver(s): _____

I assume full responsibility for prompt return on the vehicle, keys and credit cards. I affirm the above information is correct. I understand that state vehicles may be used only for official business sanctioned and sponsored by the University as indicated above, and that his vehicle may not be loaned to another person. I will abide by all state motor vehicle laws. I have read and agree to abide by the "Student Vehicle Usage Guidelines" found on the SAFC website. I understand that I must notify the SAFC Business Manager if this trip is cancelled ASAP. Failure to observe any of these requirements may result in the loss of individual driving privileges and loss of group's use of state vehicles, as well as other penalties.

_____

Drivers Signature Phone Number Date

_____

Drivers Signature Phone Number Date

_____

Organizational Representative Approval Signature Date

I certify that the subject trip s official University business and that the purpose of the trip is not primarily recreational.

_____

Organizational Advisor Approval Signature Date

Office Use Only:

Date Request Received: _____

Reservation Request Completed: _____

Status of Reservation: _____

SAFC Business Manager Signature: _____