

**FACILITIES MANAGEMENT DEPARTMENT**  
**Request For Use Of Saint Joseph's University Vehicle**

Requestor \_\_\_\_\_ Department \_\_\_\_\_ Tel.# \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Budget Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Destination \_\_\_\_\_

Address \_\_\_\_\_

Purpose \_\_\_\_\_

Number of People Transporting \_\_\_\_\_

Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Return Date \_\_\_\_\_ Return Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Driver's Name \_\_\_\_\_ Driver License # \_\_\_\_\_

Saint Joseph's University I.D. Number \_\_\_\_\_

THE AUTHORIZED USE OF THIS VEHICLE IS FOR THE STATED PURPOSE AND THERE WILL BE A **CHARGE**, TO THE ABOVE BUDGET NUMBER OF **\$15.00 FOR THE FIRST DAY ONLY AND THIRTY-SIX (.36) PER MILE FOR VAN USE.** THE DRIVER WILL BE RESPONSIBLE FOR ALL LIQUID LEVELS - GASOLINE, OIL, ANTI-FREEZE, ETC. FOR ASSIGNED VEHICLE. **DRIVER MUST BE 19 YEARS OF AGE AND PRODUCE A VALID DRIVER'S LICENSE TEN (10) WORKING DAYS BEFORE USE OF VEHICLE.** VEHICLES MUST BE BACK BY "RETURN TIME" STATED ABOVE WITH A CLEAN INTERIOR.

I acknowledge and understand these regulations \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEAT BELTS MUST BE WORN - NO EXCEPTIONS**

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Odometer Reading: Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
Assigned Vehicle: \_\_\_\_\_ Actual Mileage: \_\_\_\_\_  
Hours: \_\_\_\_\_ Cost: \_\_\_\_\_  
Remarks: \_\_\_\_\_

1/14/02