MOUNT UNION COLLEGE
FLEET DEPARTMENT-PHYSICAL PLANT
VEHICLE REQUEST FORM

Please complete and submit to Physical Plant. **ONE FORM MUST BE FILLED OUT FOR EACH VEHICLE BEING USED FOR PROPER ASSIGNMENT BY PHYSICAL PLANT.**

Request: _____Car(5) _____Minivan (7) _____Van (12) _____ Bus (35)
( ) Indicates the maximum number of persons allowed per vehicle.

Purpose of the trip: _____

Number of Persons: _____

Destination:_____ Department/Organization: _____

Estimated Departure: _____ _____ _____
(Day) (Date) (Time)

Estimated Return: _____ _____ _____
(Day) (Date) (Time)

Layovers or other important itinerary or special requirements (attach separate document as necessary):

_____
_____
_____
_____
_____

Name of Driver: _____ Telephone: _____

Department/Organization:_____ Account Number: _____

Signature of Driver: _____ Date: _____

Approved By: _____ Date: _____
(Department Chair/Supervisor)

ALL DRIVERS MUST HAVE A DRIVER'S APPLICATION FORM AND A COPY OF A CURRENT VALID DRIVER'S LICENSE OF FILE WITH THE PHYISCAL PLANT OFFICE.

PHYSICAL PLANT USE ONLY: Vehicle Assigned: _____ Assigned by: _____