Marian University
Vehicle Request Form

Name: _____Date: _____

Organization/Department Requesting Vehicle(s): _____

Authorization (for use of vehicle and for direct billing): _____

Org, Advisor/ Dept. Supervisor: _____Date: _____

Senate Treasurer Authorization: _____Date: _____

Account number to be charged: _____

Purpose of Trip: _____

Destination: _____

Estimated Mileage: _____Actual Mileage: _____

(Note: the mileage charge for the vehicle is 55¢ per mile – save gas receipts for reimbursement)

Requested Check-out Date for vehicle(s): _____

Return Date for Vehicle(s): _____

Vehicle(s) Requested: _____ Mini Van _____ Cargo Van

Driver(s)*

_____
Print Name Signature Phone Number

_____
Print Name Signature Phone Number

***must be on "Approved Driver List" and agree to use vehicle**

In case of emergency while on trip, contact Campus Safety at 920-923-8950

Return vehicle to Campus Safety
(Gas receipts and completed and gold card must be returned with keys when vehicle is returned. Also note in writing on the back of the gold card any vehicle conditions)

----------Official Use Only----------

Request Approved: Van Assigned: Mini Van Cargo Van Date:

Request Denied: Van not available Not Authorized Other: _____