

Request for Transportation Form

Phone: 2-6397 FAX: 2-6395

There is a \$75.00 charge for lost key/credit cards | State employees ONLY are allowed to drive | Vehicles are to be used for official business only.

Name of Driver: _____ K-State eID: _____@ksu.edu No. of Travelers: _____
Driver's Work Phone: _____ Driver's Home Phone: _____ Type of Vehicle: _____

AUTHORIZATION AND STATEMENT OF LIABILITY: I, as Dept. Head or Authorized person for the Dept. agree to accept the responsibility for all charges, including vehicle damage caused by abuse, which are incurred during the time the vehicle is checked out for department use.

Department Head Signature: _____ Date: ____/____/____

Facilities Work Order: _____ Phase No: _____
Department: _____ Account No.: _____
Pickup Date: _____ Time: _____
Return Date: _____ Time: _____

Collision Insurance (Yes/No): _____

Destination and Purpose: _____

DRIVER'S CERTIFICATION: For my protection and the protection of my department, I agree to inspect the vehicle assigned to me BEFORE I leave the parking lot. If I notice any damage or problem with the vehicle, I will have a Motor Pool employee make a note of the damage BEFORE leaving the lot and retain a copy for my department. I agree to remove all debris from inside the vehicle. I certify that I have the valid driver's license listed below.

Driver's License #: _____ State: _____ Expiration Date: _____

Driver's Signature: _____

TO BE COMPLETED BY MOTOR POOL

Departure Date: ____/____/____ Departing Time: _____ a.m. p.m.

Returning Date: ____/____/____ Returning Time: _____ a.m. p.m.

Total Days: _____

Mileage:	Amount of Charges
Odometer Finish:	
Odometer Start:	
Total Miles:	
Minimum Charge:	
Per Mile x:	
Total Mileage Charge:	
Insurance Premium Charge:	
Car Damage Charges:	
Other Charges:	
TOTAL CHARGES:	

Vehicle Number: _____ Requisition #: _____ Comments: _____
