DISTRIBUTION:
Original: Central Motor Pool
Green: Accounting
Canary: Accounting
Pink: Driver
Goldenrod: Department

Request N°

KANSAS STATE UNIVERSITY
Facilities Management
REQUEST FOR TRANSPORTATION

DATE _ / / _____
NAME OF DRIVER _____
DRIVER'S WORK PHONE (_____) -_____
DRIVER'S HOME PHONE (_____) -_____

TYPE OF VEHICLE:
☐ Sedan
☐ Station Wagon
☐ Van: 8 pass. ☐ 1 2 pass. ☐ 1 5 pass. ☐

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 or Authorized Signature

_____
Date

Facilities Job No. _____
Dept. _____
Customer No.
Requisition # _____
Account No. _____

☐ Dept. will pay $2.00 Collision insurance premium.
☐ Do not desire to pay collision insurance.

Pickup Date: _ / / _____ Time: _____
Return Date: _____ / / _____ Time: _____
Destination and Purpose: _____
_____
_____
No. of Travelers: _____

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 _____
Exp. Date: _ / _____

_____
Driver's Signature Date

TO BE COMPLETED BY THE MOTOR POOL

Total Days _____

Departed: Date _____ Time _____ a.m. /p.m.
Returned: Date _____ Time _____ a.m. /p.m.

MILEAGE
Odometer Readings:
Finish _____
Start _____
Total Miles _____
Minimum Charge _____
Per Mile x _____
TOTAL MILEAGE CHARGE
Insurance Premium Charge
Car Damage Charges
Other Charges
TOTAL CHARGES

AMOUNT OF CHARGES
_____
_____
_____
_____
_____

Comments: _____

Vehicle No. _____

Motor Vehicle Pool: 2-6-95