

**GEORGIA SOUTHWESTERN STATE UNIVERSITY
VEHICLE REQUEST AND TRIP FORM**

DATE _____

The _____ requests the use of a vehicle to carry _____ passengers.
(Department/organization)

Purpose/destination of trip: _____

Vehicle Pick up Date _____ Departure Date _____ Estimated Return date _____

Planned Route _____

Driver's Name _____ Driver's License # _____

Contact Phone Number of Driver _____

I _____ state that I have read and will comply with the policies on the use of the Georgia
(Signature of Driver)
Southwestern State University Vehicle.

Department code for charges _____ Approved by _____

Acct _____ Fund _____ Dept ID _____ Program _____ Class _____ Grant _____

For Public Safety Use Only

Unit # _____

Beginning Mileage _____

Ending Mileage _____

Total Miles _____ at _____ cents per mile \$ _____

Unit # _____

Beginning Mileage _____

Ending Mileage _____

Total Miles _____ at _____ cents per mile \$ _____

MINIMUM CHARGE:

Cleaning charge (vehicle is to be clean upon return), if not there is a charge of \$ _____

Cancellation charge (is no notice is given within 24 hours of the scheduled trip) \$ _____

TOTAL CHARGES \$ _____

Department of Public Safety Signature

Date