

The University of Texas at El Paso
REQUEST FOR UNIVERSITY VEHICLE USE

PERSON REQUESTING VEHICLE: _____ DATE: _____

DEPARTMENT REQUESTING VEHICLE: _____

DEPARTMENT ACCOUNT NUMBER: _____

TYPE VEHICLES(S): _____

DATE VEHICLE REQUESTED: _____ ESTIMATED DATE OF RETURN: _____

PURPOSE OF TRIP: _____

SIGNATURE OF DRIVER

D/L # _____

Expiration _____

SIGNATURE OF DRIVER

D/L # _____

Expiration _____

SIGNATURE OF DRIVER

D/L # _____

Expiration _____

Dept. Chairman Approval: _____

Contracts and Grants Approval: _____

Motor Pool Department use only

Vehicle Info: _____ Veh. # _____

Condition of vehicle on departure _____

Condition of vehicle on return _____

Date Out: _____ Starting Miles: _____

Date Returned: _____ Ending Miles: _____

Total Days: _____ Total Miles: _____

CHARGES

Dispatcher Signature Rent: _____ Days @ \$ _____ Per Day \$ _____

Mileage: _____ Miles @ \$ _____ Per Mile _____

Other Charges: \$ _____

Total Amount Due: \$ _____

Dept. Approval