

# UNIVERSITY OF MARY WASHINGTON

## REQUEST FOR THE USE OF A STATE VEHICLE

Please complete the electronic form, then send to **vehicles@umw.edu**, at least five (5) days prior to the trip.

**REQUESTED BY:** \_\_\_\_\_  
**Print name** **Email** **Phone** **Fax**

**VAN(S) REQUESTED:** PASSENGER VAN Number of vans needed (each van seats 9+ driver): \_\_\_\_\_  
CARGO VAN (For hauling and 2 passengers)  
GOLF CART

**Destination:** \_\_\_\_\_

**Purpose of trip:** \_\_\_\_\_

**PICK UP VAN FROM FACILITIES:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DROP OFF VAN AT FACILITIES:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Driver(s) name(s):** \_\_\_\_\_

\*\*\*Please list all potential vehicle drivers. All student drivers must be on the approved drivers list.  
To request participation in the program, contact Parking Management at ext 1129.

**For student trips:** Name of faculty/staff member(s) who will accompany students if outside designated areas noted in the training materials: \_\_\_\_\_

**Dept Name:** \_\_\_\_\_ **Fund:** \_\_\_\_\_ **Org:** \_\_\_\_\_ **Account 71284 Program:** \_\_\_\_\_

Vehicle packets must be picked up by 4:30 p.m. on travel day or if traveling on the weekend, by 4:30 p.m. on Friday.

**APPROVED BY:** \_\_\_\_\_  
**Department Head/Chair Print Name** **Telephone No.**

\_\_\_\_\_  
**Signature** **Date**

1. All trips in connection with the instructional program of the University must be approved by the Chair of the Academic Department involved.
2. All van drivers are responsible for submitting gas receipts to Account Payable, Eagle Village, Suite 480.
3. All drivers must possess and display valid driver's license and be at least 18 years of age. Student drivers must complete UMW Familiarization Program before operation of a vehicle.

**\*\*\*PLEASE RETURN VEHICLE(S) ON TIME FOR THE NEXT SCHEDULED USE.**

Vehicle Approved: Yes No

\_\_\_\_\_  
**Transportation Coordinator (Facilities Services)** **Date**