

SOUTHERN UNIVERSITY AT SHREVEPORT

UNIVERSITY VEHICLE REQUEST AND RESPONSIBILITY FORM

Section A: Vehicle Request

(Check one)

Long Term ()

A full day or more

Short Term ()

No longer than 2 hours

* Bypass Department Head/Vice Chancellor approval and submit request directly to University Police Department

Name of Requesting Driver _____ Department _____

Destination _____

Purpose _____

Number of Passengers _____ (University Police to choose vehicle needed)

Date and Time vehicle is needed: _____

Date

Time

Date and Time vehicle is returned: _____

Date

Time

Approval of Department Head (if applicable) _____ Date _____

OR

Approval of Department Vice Chancellor _____ Date _____

Section B: Travel Office

Has driver completed Driver Course? _____ Is driver authorized to drive? _____

Yes

No

Yes

No

Section D: University Police Department

Officer Releasing Vehicle _____

Vehicle Assigned _____

Date of Release _____ Time of Release _____ Fuel Card Number Issued _____

Officer Accepting return of Vehicle _____ Date of Return _____

WAS VEHICLE LOG COMPLETED? YES () NO ()

WERE FUEL RECEIPTS RETURNED? YES () NO ()

WAS KEY TO VEHICLE RETURNED? YES () NO ()

WAS FUEL CARD RETURNED? YES () NO ()

Signature of Driver returning vehicle: _____