SOUTHERN UNIVERSITY AT SHREVEPORT

University Vehicle Request and Responsibility Form

Section A: Vehicle Request Long Term ( ) Short Term ( )

A full day or moreNo longer than 2 hours

\* **Specified only for Facilities and other pre-identified Staff**

*(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 to be returned:

(Estimated) **Date Time**

Approval of Department Head (if applicable) Date

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 C: Finance and Administration**

Vice Chancellor Approval Signature Date

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**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:

**Revised 3/2011 (eb)**