

AUTHORIZATION FOR USE OF DEPARTMENTAL VEHICLE

Date of Proposed Use: _____

Time of Proposed Use: _____

Destination: _____

Anticipated Mileage: _____

Student requesting use: _____

Purpose of Trip: _____

Reason for need of Departmental Vehicle:

Supervising Faculty Member

Date

Approved: _____

Denied: _____

Department Chair

Date

Vehicle: _____

Beginning Mileage: _____

Ending Mileage: _____

Gas (purchased, not charged) _____

Oil (purchased, not charged) _____