# STAFF TRANSPORTATION REQUEST

*Driver’s License & Proof of Insurance Must Be On File*

Date of Request ____________________

Division ___________________________________________________________________

Instructor requesting use of vehicle ___________________________________________________________________

Designated Driver ___________________________________________________________________

<table>
<thead>
<tr>
<th>Faculty:</th>
<th>Staff:</th>
<th>Student Volunteer:</th>
<th>Class B License:</th>
<th>(15-pass. only)</th>
</tr>
</thead>
</table>

(Please check)

Number of people riding in vehicle(s) ________  (Vehicle size determined by availability)

Destination ___________________________________________________________________

Date of Departure _____________________  Departure Time _______________________

Date of Return ________________________  Return Time _________________________

KEYS WILL BE AVAILABLE FOR PICK-UP AFTER 2 PM THE DAY BEFORE DEPARTURE.

Dean or Manager’s Approval _______________________________________________________________________

Vehicles are picked up and returned to Berkeley Center (Facilities Office). Keys and gas cards must be returned to Lock Box at Main Entrance.

- FACILITIES OFFICE USE ONLY –

Approved _____  Not Available _____  Vehicle # _____  Date _____

Revised 9/16/05