

STAFF TRANSPORTATION REQUEST

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

Date of Request _____

Division _____

Instructor requesting use of vehicle _____

Designated Driver _____

Faculty:	Staff:	Student Volunteer:	Class B License: (15-pass. only)
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(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 _____