Faculty/Staff

VEHICLE REQUEST FORM
SUNY Cortland Physical Plant
Transportation Department
Service Group, 753-2129

Instructions:
• It is advised that you call the Transportation Department, prior to submitting your request, to check vehicle availability. However, checking availability does not confirm vehicle.
• The Transportation Department requires this form to be received two (2) business days prior to pick-up.
• Vehicles will only be issued with a completed Vehicle Request Form.
• The Transportation Department is open for vehicle pick-ups as follows; 7:30-9:00AM, 9:30AM-12:00PM and 12:30-3:00PM, M-F. Vehicles are not available for pick-up after 3PM or on weekends or holidays.
• Drivers and all Passengers must be university affiliated.

Vehicle Pick-Up & Return

Pick-up; Date ________ Time ________ AM/PM
(7:30-9:00AM, 9:30AM-12:00PM and 12:30-3:00PM, M-F)

Return; Date ________ Time ________ AM/PM
(Vehicles may be returned at any hour by using the key drop-box located outside the entrance to ASC. Vehicles must be returned by date/time noted above).

Destination:
Name of Establishment_____________________________ ________
Street Address_____________________________________ _______
City________________________ Zip-code______________ ______

Purpose of Trip ________________________________________________________________________________

No. of Passengers_______

Vehicle Type ________ 7 passenger mini-van
________ 12 passenger van

Account # ___________ (required)

Department __________________________________________________________

Driver’s Name (PRINT) ____________________________ Telephone Number ____________________________

Driver’s Signature ____________________________ Driver’s e-mail Address __________________________

______________________________________________________________________________________________

Vehicle Request Approved as Official University Business

Dept. Supervisor ____________________________ Date __________________________

Vice President Approval ____________________________ Date __________________________
(required for any exceptions to existing policies)

*NOTE: The above signature does not constitute vehicle availability.

______________________________________________________________________________________________

TRANSPORTATION DEPARTMENT USE

Vehicle License #________________________
Miles driven:________________________

BUSINESS OFFICE USE

Recharge/Billing Information
Miles driven ________ X
Current IRS Mileage Reimbursement Rate ________
Total Amount of recharge $ __________