VEHICLE REQUEST TRIP TICKET

Dept. ____________________ Date ____________________

Requested by ____________________ Date(s) Desired ____________________

Phone Number ____________________

Leave: ____________________ Return: ____________________

(Note Date & Time) (Note Date & Time)

Destination ____________________ Driver’s Name ____________________

Vehicle desired: (Circle one) 4-pass. car 6-pass. van

Purpose of Trip: ____________________ Estimated mileage: ____________________

Number of Passengers: ____________ Account #: ____________________

Department Approval: ____________________

F&G Approval: ____________________

Mileage In: ____________________ Mileage Out: ____________________

Total Mileage: ____________________ Charge: ____________________

Vehicle Assigned: ____________________

Cars – .31 per mile $14.20 per day excluding weekends

Van – .35 per mile

White Copy – Business Office
Canary Copy – Facilities Mgt.
Pink Copy – Department Approval
Goldenrod Copy – Originator of Request

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