

CSU PARKING DEPARTMENT MOTOR POOL VEHICLE REQUEST FORM

SEND COMPLETED FORM TO THE PARKING DEPARTMENT parking@csu.edu OR FAX#3281

THIS SECTION TO BE COMPLETED BY THE REQUESTING DEPARTMENT

DEPARTMENT _____ ACCOUNT# _____ DATE _____

DRIVER'S NAME & TITLE _____ CONTACT # _____

Driver's License # _____ DESTINATION _____
(Destination Name, City, State, and Zip code)

OF PERSONNEL IN PARTY _____ (*Insurance regulation require all passengers to be directly involved in the official business of the trip)

PURPOSE OF TRIP (Complete Details) _____

KEYS TO BE PICKED UP: DATE _____ TIME _____

VEHICLE TO BE PICKED UP: DATE _____ TIME _____

VEHICLE TO BE RETURNED: DATE _____ TIME _____

CHANGES IN ANTICIPATED DEPARTURE & RETURN TIMES SHOULD BE IMMEDIATELY REPORTED TO THE PARKING DEPARTMENT. FAILURE TO DO SO MAY RESULT IN CANCELLATION OF VEHICLE REGISTRATION(S).

***The Parking Department will issue keys during the hours of 9:00am -5:00pm, Monday through Friday ONLY.**

After business hours keys and gas card must be dropped in the Police Department Dispatch area. It is also the responsibility of the driver to exercise due care and diligence in safeguarding and returning the vehicle to the University, upon return Park the fleet back at the fleet parking space.

UPON DEPARTING: CHECK GLOVE COMPARTMENT FOR GAS AND MILEAGE CARD.

UPON RETURNING: ALL GAS RECEIPTS AND KEYS MUST BE RETURNED TO PARKING OR TO THE POLICE DISPATCHER

I hereby certify that I am in compliance with all University Driver Requirements; and I will comply with all applicable traffic laws and the University Vehicle Usage Policy (www.csu.edu/parking) which states that all University motor vehicles shall only be used for University business ONLY (Chapter 1, Section 5040.350 of the Illinois Administrative Code). **I further understand that I am mandated to record my trip mileage and I am required to report auto accidents**

IMMEDIATELY. Any citations received are the responsibility of the driver. I understand that consistent violation of the Vehicle Use Policy will result in the refusal of vehicle usage in the future.

 _____
Driver's Signature

 _____
Fiscal Officer Signature

 _____
Overnight signed approval by
President or Vice President

PARKING AND FLEET MANAGEMENT USE ONLY

VEHICLE # RELEASED: _____ DATE RELEASED: _____

DRIVER CERTIFICATION FORM ON FILE DRIVERS LICENSE ON FILE KEYS RELEASED WEX CARD RELEASED

DATE VEHICLE RETURNED _____

KEYS RETURNED WEX CARD RETURNED GAS RECEIPTS RETURNED

MECHANICAL ISSUES REPORTED DESCRIPTION _____