TRANSPORTATION REQUEST

DATE: ______________

DATE & TIME REQUESTED: ________________________________

PURPOSE: ____________________________________________ VEHICLE REQUESTED: ______

TO BE USED FROM: __________________ TO: ______________ VEHICLE ASSIGNED: ______

SIGNATURE
HEAD OF DEPARTMENT: ____________________________________________

SIGNATURE
COMMANDANT OF CADETS: __________________________________________

(REPRESENTATIVE FOR PERMISSION FOR CADET DRIVER/VALID DRIVERS LICENSE REQUIRED)

BUSINESS OFFICE APPROVAL: ________________________________________

OUT OF STATE APPROVAL: ___________________________________________

VICE PRESIDENT FOR ADMINISTRATION ________________________________

I HAVE READ AND UNDERSTAND NYSMCINST-11240.1 DEALING WITH THE USE OF STATE OWNED AND PRIVATELY OWNED VEHICLES. ANY DEFECTS NOTED BY OPERATOR SHALL BE RECORDED UNDER REMARKS. ANY ACCIDENTS THAT MAY OCCUR ON TRIP SHALL BE SUBJECT OF A REPORT BY OPERATOR ON SEPARATE SHEET.

______________________________________         _______________________________
SIGNATURE: FACULTY/STAFF MEMBER         SIGNATURE: OPERATOR

SAFETY CHECKS

VEHICLE CHECK

______Oil          ______Registration  ______Lease Card & Info.
______Transmission Fluid     ______Self Insurance Letter ______Operator’s Instructions
______Brake Lights                 ______Accident Forms (two) ______NYSMCINST 11240.1
______Signal Lights      ______Gas Card & Info.
______Headlights

INFORMATION PACKET

SIGNATURE OF:
UNIVERSITY POLICE

DESTINATION-FROM     START TIME/MILES     TO     ARRIVAL TIME/MILES     DEPART

_________________________________________________________
_________________________________________________________
_________________________________________________________

RETURN

REMARKS: