

FLEET SERVICES VEHICLE REQUEST FORM

UCR School of Medicine

REQUESTOR INFORMATION	Date of Request
	Name
	Department/Unit
	Business Purpose for Use of Vehicle
OR I	If attending event, please indicate name and date of event.
UEST	
REQ	COA (If known)
	Entity Fund Activity Account Function Program Project Flex 1 Flex 2
	Pick Up Date Timeam/pm
	Return Date Timeam/pm
	Toll Roads Transponder needed? Yes 🗌 No 🗍
	The transponder may be used on all expressways in LA, Orange County, San Diego and San Francisco
	(Highways 91, 241,261, 125, 133, 73, 15, I-10 and I-110)
TRIP AND VEHICLE DETAILS	Destination (City, State)
	If traveling out of state, campus policy requires completion of the form <u>Authorization</u>
	<u>to Operate State Owned Vehicle Out of State</u> and pre-approved by Dept Head. http://fleet.ucr.edu/docs/out_of_state_form.pdf
VEHI	
ND	Number of passengers
sip A	Type and number of vehicle(s) being requested
Ē	Compact Sedan 5 pass SUV
	Large Sedan Suburban
	Full Size Truck Mini Van
	Multi Pass Van Executive
	Other Specify
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APPROVA	I CERTIFY THAT I POSSESS A VALID DRIVER'S LICENSE
APPF	PI/SUPERVISOR APPROVAL