

SOUTHERN UNIVERSITY AGRICULTURAL
RESEARCH and EXTENSION CENTER



VEHICLE ALLOCATION FORM

PERSON MAKING REQUEST _____

DEPARTMENT _____ OVERNIGHT TRAVEL _____

DATE OF REQUEST _____ DEPARTURE DATE _____ TIME _____

RETURN DATE _____ TIME _____ NUMBER OF PASSENGERS _____

DESTINATION _____

PURPOSE OF TRIP _____

DRIVER(S) _____ ESTIMATED MILEAGE _____

(Attach Invitation Memo to this Request Form)

Requestor's Signature

Department Head Signature

(DO NOT WRITE BELOW THIS LINE)

() APPROVED

() DISAPPROVED

VEHICLE ASSIGNED _____ LICENSE NO. _____

CHECK OUT DATE/TIME _____ CHECK IN DATE/TIME _____

IF DISAPPROVED, COMMENTS: _____

VEHICLE OFFICER SIGNATURE

*This form must be completed by anyone desiring the use of a College Vehicle for official business. This form should be submitted to the vehicle officer five (5) working days in advance of scheduled trip if vehicle is to be kept over night and two (2) working days for one (1) day trips.