

USG Motor Pool Vehicle Request Form

Date of Request:

Contact Person and Phone Number

Organization

Alternate Contact Person and Phone Number

Destination and Purpose of Trip and estimated mileage

9-Account/2-Account

Number Traveling

Number of Vans Requested

Departure Date, Day of Week, Time*

Return Date, Day of Week, Time*

Name and Phone Numbers of Drivers (Please indicate with ** if USG Driver Certified)

*Time needed is the approximate time your organization will actually be using the van. Van keys are picked up ahead of time. However, your organization's actual possession of the van is limited to these times unless otherwise noted.

**For all out-of-state trips you must attach a list of all your passengers. Also, for in-state as well as out-of-state trips, you must attach a list of all passengers who are not students or employees of Tulane University.

I understand that if the van is damaged while in our possession, my organization's account will be charged accordingly. I have read the list of fines for abuse of the vans and understand that if any of the infractions occur, my organization's 9-account will be charged accordingly. In the event that our costs exceed the 9-account balance, we accept responsibility for these charges.

Print Name of Student Representative

Student Representative Signature

Date

Print Name of Organization Adviser

Organization Adviser Signature

Date