

Georgia Southwestern State University
Vehicle Request and Trip Record

Please call first and check reservation dates, and then submit this completed form to Public Safety in advance of trip.

Date: _____

- 1) The _____ requests the use of a vehicle to carry _____ passengers.
- 2) Purpose of the trip: _____
- 3) Vehicle to be picked up on _____ at _____, Departure on _____ at _____
- 4) Estimated Return on _____ at _____
- 5) Planned route: _____
- 6) Driver's name: _____ License No.: _____
- 7) Department code for charges: _____

 Vehicle Driver Approved By

The above signatures state that they have read and will comply with the policies on the use of State University vehicles.



TO BE COMPLETED BY PUBLIC SAFETY Unit(s) Assigned: _____

Unit # _____	(Beg. Mileage) _____ (End Mileage) _____	Total _____ miles at _____ cents/mile	\$ _____
Unit # _____	(Beg. Mileage) _____ (End Mileage) _____	Total _____ miles at _____ cents/mile	\$ _____
Unit # _____	(Beg. Mileage) _____ (End Mileage) _____	Total _____ miles at _____ cents/mile	\$ _____
Unit # _____	(Beg. Mileage) _____ (End Mileage) _____	Total _____ miles at _____ cents/mile	\$ _____
Minimum Charge			\$ _____
Cleaning Charge (vehicle is to be cleaned upon return), if not			\$ _____
Cancellation Charge if no notice is given in writing within 24 hours of the scheduled trip			\$ _____
TOTAL CHARGES			\$ _____