



## VEHICLE REQUEST

Request Date \_\_\_\_\_

REQUEST	1) COST CENTER NUMBER			2) COST CENTER NAME		
	3) CAMPUS	4) BLDG. NO.	5) PHONE NO.	6) GROUP/PERSON: BCC SPONSORED/EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	7) AUTHORIZED DRIVER			8) DATE NEEDED		
	9) PURPOSE OF TRIP/ACTIVITY					
	10) TYPE OF VEHICLE REQUIRED					
	11) NO. OF PASSENGERS (ATTACH TRAVEL ROSTER)				12) <input type="checkbox"/> CAMPUS ACTIVITY ONLY <input type="checkbox"/> COLLEGE ACTIVITY	
	13) PICK-UP TIME		14) RETURNING TIME		15) RETURNING DATE	
	16) DESTINATION					
	_____ COST CENTER ADMINISTRATOR SIGNATURE			_____ DATE SIGNED		
	APPROVAL/DISAPPROVAL	17) OFFICIAL SIGNATURE			18) NON-BCC SPONSORED GROUP/ EMPLOYEE APPROVAL	
_____ PROVOST/VICE PRESIDENT		_____ DATE	_____ PRESIDENT		_____ DATE	
19) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED - REASON						
_____ SIGNATURE OF MOTOR VEHICLE SUPERVISOR			_____ DATE SIGNED			

**NOTE:** First two copies of Vehicle Travel Roster (PHP-5) must be attached to this form.

**DISTRIBUTION:** White-Motor Vehicle Supervisor    Yellow-Requester After Approval    Pink-Requester  
AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

PHP-4 (Rev. 9/99)