The University of Texas at El Paso
REQUEST FOR UNIVERSITY VEHICLE USE

PERSON REQUESTING VEHICLE: ____________________________ DATE: ____________
DEPARTMENT REQUESTING VEHICLE: ____________________________
DEPARTMENT ACCOUNT NUMBER: ____________________________
TYPE VEHICLES(S): ____________________________________________
DATE VEHICLE REQUESTED: ____________ ESTIMATED DATE OF RETURN: ____________
PURPOSE OF TRIP: ____________________________________________

__________________________________________________________

SIGNATURE OF DRIVER
D/L #: ____________________________ Expiration: ____________

SIGNATURE OF DRIVER
D/L #: ____________________________ Expiration: ____________

SIGNATURE OF DRIVER
D/L #: ____________________________ Expiration: ____________

Dept. Chairman Approval: ____________________________
Contracts and Grants Approval: ____________________________

Motor Pool Department use only

Vehicle Info: ____________________________ Veh. #: ____________________________
Condition of vehicle on departure: ____________________________________________

Condition of vehicle on return: ____________________________________________

Date Out: ____________________________ Starting Miles: ____________________________
Date Returned: ____________________________ Ending Miles: ____________________________
Total Days: ____________________________ Total Miles: ____________________________

CHARGES

Dispatcher Signature
Rent: ____________________________ Days @ $ ____________________________ Per Day $ ____________________________

Mileage: ____________________________ Miles @ $ ____________________________ Per Mile ____________________________

Other Charges: ____________________________ $ ____________________________

Dept. Approval
Total Amount Due: ____________________________ $ ____________________________