

Request Date*

Group/Department

Contact Person

Email Address

Phone Number

Departure Date*

Departure Time*

Vehicle Type

Number of Passengers

Destination

Purpose of Trip

Return Date*

Return Time*

Driver Signature _____

Driver Name/Title

Has driver attended training/orientation session? Yes No

Is driver at least 18 years old? Yes No

FOAPAL Number*

Authorization Signature _____

Typed/Printed Name

Title

Departmental

Student Activities

I have read the vehicle user policy and I agree to the terms and charges as described

Please complete and fax to Transportation Services 631-9654 or Email undtrans@nd.edu

*Required fields