SRU-MP-1 (rev 9-09)

STATE VEHICLE REQUEST
Slippery Rock University of Pennsylvania

REQUESTED BY:	PHONE:	DATE PREPARED:

INSTRUCTIONS: Operator -- **SUBMIT IN DUPLICATE. USE A SEPARATE FORM FOR EACH TRIP.** Complete Part I, items 1-12, sign, obtain approvals (Part II) and submit to Dispatcher at least one week before departure time. During travel period, complete Part III items 14-17. Upon return, complete item 13, return vehicle, keys and this form to Dispatcher, if during normal working hours, otherwise return to the key return box at the University Police.

PART I - COMPLETED BY OPERATOR ***When days are not consecutive, a separate form MUST be filled out.**

1. Date & time of Departure*	2. Date & Time of Return	3. Destination (City, State)	4. Type Vehicle **(Only 1 Vehicle Per Form) Car or Van**
5. Estimated Mileage/Cost ($.76 per mile all vehicles)	6. Department Name	7. Fund Center for Vehicle Mileage Expense: (please write full fund center):	8. STAFF OR STUDENT

9. Purpose of Travel

10. Car is 5 passenger, Vans are 12 passenger vans including the driver
NUMBER OF PERSONS TRAVELING

WHAT IS YOUR PRIORITY?

☐ 1 ☐ 2 ☐ 3

See back for explanation of priorities

Keys must be picked up at the Fleet Operations Office between 8 a.m. - Noon And 12:30 - 4:00 p.m. Monday through Friday ONLY. Student drivers must provide a signed copy of their job description when picking up keys.

11. I certify that the vehicle will be used for official University business, that I am qualified to operate a University vehicle, that I am familiar with rules and regulations governing the use of University vehicles. **This vehicle will be driven only by SRU employees who are receiving a salary or wage and have driving identified in their job description as integral to their responsibilities.**

Name of Operator:

Signature of Operator: _____

Operator's license no.

Job Title: Phone:

12. RELIEF DRIVER(S) (if needed)
NAME OPERATOR'S LIC. NO.

_____
Signature

13. NOTE MECHANICAL AND OPERATING DEFECTS.

PART II- APPROVALS- I CERTIFY THAT THE INFORMATION IN PART I COMPLIES WITH THE POLICY AND PROCEDURES MANUAL (A COPY IS ON FILE AT THE MOTOR POOL OFFICE.)

Department Chairperson/ Division Director: _____

Vice President/ Dean: _____

PART III ****FOR EXTENDED TRIPS, FILL IN DAILY SECTIONS ON THE REVERSE OF THIS FORM.**

14. Odometer Stop**	17. Gas Purchases: Please turn all receipts to the Fleet Office.	19. Dispatcher's Signature: _____
15. Odometer Start**		20. Approved: (Facilities & Planning)
16. Total Mileage	18. Vehicle	Name: _____
INCOMPLETE FORMS WILL BE RETURNED TO BE COMPLETED AND RESUBMITTED.		Title: _____
		Date: _____

VEHICLE PRIORITIES

PRIORITY ONE
Activities which are an integral part of a scheduled **ACADEMIC CLASS** (3 months maximum advance reservation)

PRIORITY TWO
University personnel traveling on **ADMINISTRATIVE** University business. (2 Months maximum advance reservation)

PRIORITY THREE
University personnel traveling on **DEPARTMENTAL** University business. (1 month maximum advance reservation)

Itinerary

Est. Mileage	Stop Location	Phone Contact

Roster: Include all passengers traveling in the vehicle

Passenger Name	Emergency Contact	Phone	Relationship

Please assign one person per vehicle as a contact person.

Contact: **Cell Phone #:**

A COPY OF THIS ITINERARY/ROSTER MUST BE LEFT AT THE UNIVERSITY POLICE OFFICE PRIOR TO DEPARTURE

Safety Guidelines:

- **In a 24 hour period, the vehicle should spend no more than 15 hours on the road; no one driver in excess of 10 hours driving.**
- **Vans are not permitted to pull trailers, unless travel is within 3 hours of SRU. Secondary roads to be used whenever possible when pulling trailers.**
- **Vans are not permitted to have cargo on the roof.**
- **Vans should be loaded from front to rear.**
- **Sports team members, including coaches and trainers, traveling after a competition are limited to 2 hours driving per person.**
- **Vans are not permitted to park in parking garages due to their size.**