

Vehicle Usage Request Form

Date: _____

Individual(s) making request: _____

Contact Information

Day-time phone number: _____ E-mail address: _____

Purpose of Trip: Research _____ Class# _____ Dept _____ Other _____

Date and Time of Departure: _____

Date and Time of Return: _____

Destination: (City and State) _____

CFS Funds: FUND: _____ ORG: _____ FUNCTION: _____ ENTITY: _____

PROJECT: _____ SOURCE: _____ PURPOSE: _____

Number of undergraduate students traveling in the vehicle: _____

Driver's License Number: _____ Expiration Date: _____

Restrictions:

The DRIVER must be an employee of the University and within the scope of employment at all times while operating the vehicle. All undergraduate students must sign Risk and Release Forms.

By signing this agreement, the user acknowledges that he/she has read, and will abide by all University policies and Oklahoma statutes, rules, and directives governing the use of motor vehicles, as well as Biology Department policies and procedures regarding the vehicles. The user agrees that he/she shall be responsible for and indemnify the Biology Department of any excessive physical damage beyond normal wear and tear sustained to the vehicle or accessories during the term of this agreement. SMOKING in the University Vehicles and TEXT MESSAGING while driving University Vehicles are prohibited. If you are unable to return the vehicle according to the user date/time, please notify the Biology Department as soon as possible.

Locate the vehicle and do a visual check inside and out for damage. If there is visible damage not mentioned to you when you were given the keys, please notify the Biology Department immediately before taking the vehicle.

Signature of Requester

Signature of Major Professor

Do not complete – For Office Only

Vehicle Number _____ Mileage _____