



ROGERS STATE UNIVERSITY

PHYSICAL PLANT

REQUEST FOR USE OF MOTOR VEHICLES

Date of Request: _____

Name of Person(s) to Travel: _____

Give Destination and Purpose of Trip: _____

Dates of Travel: _____

Hour of Departure: _____ AM _____ PM Hour of Return: _____ AM _____ PM

Type/Number of Vehicle(s) Requested: _____

Types of Vehicles:

Cars:	5 person maximum	Rate: \$0.560
Minivans:	7 person maximum	Rate: \$0.560
Passenger Vans:	10 person maximum	Rate: \$0.720
Bus #54:	24 Passengers	Rate: \$1.760
Bus #47:	37 Passengers	Rate: \$1.760

Department: _____

Account Number: _____

Department Head Approval

Date

Driver's Certification: For my protection and the protection of my department, I agree to inspect the vehicle(s) assigned to me BEFORE I leave the parking lot. If I notice any damage or problem with the vehicle, I will have a Physical Plant employee make a note of the damage BEFORE leaving the lot and retain a copy for my department.