

STUDENT ORGANIZATION TRANSPORTATION REQUEST

NOTE: By signing below, the Advisor, and Campus Life Director or Department Head are verifying that the intended use of the vehicle(s) is for "Official University Business" and will be used Within the Scope of that Official Business as defined in the University Policy and Procedure Letter 3-0160.

Forms should be submitted 2 weeks in advance of the planned trip. Attach additional pages to this form as necessary to provide all required information and supporting documentation. It is the Student Organization's responsibility to contact Student Affairs at 466-3444 for confirmation of request approval, as signed approval from Campus life does not guarantee the request will be approved by Risk Management or that vehicles will be available for use.

Name of Student Organization: _____

Group Status: "Registered" or "Recognized": (Circle one.)

Account number _____

Telephone &/or fax number for confirmation: _____ (Please specify phone or fax)

Proposed Trip:

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

Type of Vehicle(s):
Van (15 passenger) _____ Number of Vehicles _____
Van (Mini) _____ Number of Vehicles _____
Sedan _____ Number of Vehicles _____
Other (specify) _____ Number of Vehicles _____

Describe purpose of trip; include itinerary and destinations: _____

(MUST attach conference/meeting agenda or other supporting documentation to request)

Person to call for clarification: _____ Phone: _____

Name(s) of Driver(s):	Driver's License No.:	Expiration Date	Personal Ins. Policy#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Attach copies of insurance verification forms and drivers' license for all potential drivers. Drivers may incur personal liability in the event of an accident. Only drivers listed are allowed to drive the vehicle if approved. Please note that vehicles larger than a minivan require drivers to be over 21 years of age. Use additional page if necessary.

Authorization Signatures:

	<u>Phone #</u>	<u>Date</u>
Student Organization President: _____	_____	_____
Faculty/Staff Advisor: _____	_____	_____
Campus Life Director or Dept. Head: _____ (or Designee)	_____	_____

For Use by Director of Risk Management Office:

Request Approved: Yes _____ No _____

Signature: _____ Date: _____
Langston Dir.- Risk Mgmt. (or Designee)

For cancellation or confirmation, call Human Resources @ 466-3387