

State Fleet Vehicle Request

Vehicles are available to be picked up between 8 A.M. and 4 P.M. Monday through Friday at the Facilities Management Office. **When filling out this form, please fill it out completely. If a student will be in the vehicle, please fill out the second page of this form.** A separate form will need to be filled out for each vehicle request. This original form must be approved and signed by a competent authority and submitted to the Facilities Management Office at least one week before a vehicle is needed. All requests will be evaluated and reservations will be made when vehicles are available for approved travel as outlined in SBHE Policy. State fleet vehicle use must be for authorized purposes, and official business of Minot State University. Confirmation of the reservation will be provided for all requests.

A. Billing Information							
Department Name	Fund #	Dept. #	Program # (if applicable)		Project # (if applicable)		
B. Driver Information			'		'		
First and Last Name		Employee ID	Work Phone		Cell Phone		
Driver's Email		Driver's License Exp.	. Date				
C. Alternate Driver Information							
First and Last Name		Employee ID	Driver's Email			Driver's License Exp. Date	
D. Travel Information							
Destination (city/state)							
Date & Time Vehicle needs to be picked up	Pick Up Location (c	Pick Up Location (check)		E. Type of Vehicle Requested		equested	
/	□Minot □Grand Forks □Fargo □Bismarck _T		Type of Vehicle Requested (check)				
Is travel for MSU or State business? □ Yes □ No	Will student(s) be in the vehicle? Yes No If you answer yes for student or there are passengers Cargo mini-venice.			□el	ectric car □ mini-van DA van □ SUV		
Date & Time Vehicle will be returned		student or there are passe and page of this form MU					
/ A.M. □ P.M.	be completed.			* requires large passenger van training			
Purpose of Travel (explain in detail; attachments accepted) NO ACRONYMS or ABBREVIATIONS							
F. Signature of Driver (required)							
I understand the dangers of distracted driving caused by the use of electronic devices while operating a motor vehicle. I will refrain from using any electronic device during operation of a ND State Fleet vehicle.							
Signature				_ Date			
G. Approval by Competent Authority							
By my signature on this Vehicle Request, I ack	ate Fleet vehicles and	will authorize only t	hose req	uests which com			
Check one: ☐ Dean ☐ Department Head ☐ Dire						Phone	
Printed Name Signature							
H. Approval or Denial by MSU Motorpo							
□ Approved □ Denied	oor representative	•					
Signature						_ Date	
Office Use Only:							
Regin Mileage: Return	Mileage	Miles Tray	eled:		Cost \$		

State Fleet Vehicle Request – Page 2

If students are planning to ride in a State Fleet vehicle,	please answer tl	he questions b	elow:
Is this trip a requirement of a class and outlined in the sylla If yes, please provide a copy of the syllabus.	abus?	□ No	
Are all students in the class required to be on this trip?	☐ Yes	□ No	
Is this trip part of a student's grade in the class?	☐ Yes	□ No	
Are student class fees paying for this trip?	☐ Yes	□ No	
Did students need to raise money for this trip?	☐ Yes	□ No	
Do you plan to have students drive the State Fleet vehicle?	☐ Yes	□ No	
If so, does the requestor/advisor have the authority to designate students to act as a paid/unpaid employee or volunteer on behalf of (State)?	☐ Yes	□ No	
NOTE: if students are going to drive a State Fleet vehicle of their driver's license to Minot State University State Fleet a			
PASSENGER LIST (INCLUDING DRIVER)			
PASSENGER LIST (INCLUDING DRIVER) Name	Indicate Sta	ate Employee o	r Student
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