



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 # <i>(if applicable)</i>	Project # <i>(if applicable)</i>
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 <i>(city/state)</i>				
Date & Time Vehicle needs to be picked up ____/____/____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Pick Up Location <i>(check)</i> <input type="checkbox"/> Minot <input type="checkbox"/> Grand Forks <input type="checkbox"/> Fargo <input type="checkbox"/> Bismarck		E. Type of Vehicle Requested
Is travel for MSU or State business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will student(s) be in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Vehicle Requested <i>(check)</i>
Date & Time Vehicle will be returned ____/____/____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		<i>If you answer yes for student or there are passengers in the vehicle, the second page of this form MUST also be completed.</i>		<input type="checkbox"/> sedan <input type="checkbox"/> electric car <input type="checkbox"/> mini-van <input type="checkbox"/> cargo mini-van <input type="checkbox"/> ADA van <input type="checkbox"/> SUV <input type="checkbox"/> 15 passenger van* <input type="checkbox"/> People mover <i>* requires large passenger van training</i>
Purpose of Travel <i>(explain in detail; attachments accepted)</i> 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 acknowledge I have reviewed the State Board of Higher Education policies/procedures regarding authorization of student and employee use of ND State Fleet vehicles and will authorize only those requests which comply with the policies/procedures.				
Check one: <input type="checkbox"/> Dean <input type="checkbox"/> Department Head <input type="checkbox"/> Director <input type="checkbox"/> Chair <input type="checkbox"/> VP <input type="checkbox"/> Asst. VP <input type="checkbox"/> Athletic Director				
Printed Name _____				Phone _____
Signature _____				Date _____
H. Approval or Denial by MSU Motorpool representative				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Signature _____				Date _____
Office Use Only:				
Begin Mileage: _____ Return Mileage: _____ Miles Traveled: _____ Cost \$ _____				

