

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	n # (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				
Dirver's Lilldii		Driver's Excense 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	heck)		E. Type of Vehicle Requested			
// 🗆 A.M. 🗆 P.M.	□ Minot □ Grand	□ Minot □ Grand Forks □ Fargo □ Bismarck		Type of Vehicle Requested (check)			
Is travel for MSU or State business? □Yes □No	Will student(s) be in the vehicle? \Box Yes \Box N		∃No	□ sedan □ electric car □ mini-van			
Date & Time Vehicle will be returned	00 00	tudent or there are passengers		□ cargo mini-van □ ADA van □ SUV			
// A.M. □ P.M.	be completed.	ma page of tms form 140	page of this form MUST also		□ 15 passenger van* □ People mover * 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 acknowledge I have reviewed the State Board of Higher Education policies/procedures regarding autho- rization of student and employee use of ND State Fleet vehicles and will authorize only those requests which comply with the policies/procedures.							
Check one: Dean Department Head Director Chair VP Asst. VP Athletic Director Printed Name Phone							
Signature Date DateD							
□ Approved □ Denied	oonepresentative	•					
Signature						Date	
Office Use Only:							
·	Mileage: Return Mileage:		Miles Traveled:		Cost \$		

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If students are planning to ride in a State Fleet vehicle, please answer the questions below:

Is this trip a requirement of a class and outlined in the syllabus? If yes, please provide a copy of the syllabus.	□ Yes	🗌 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 on an authorized trip, the student must present their driver's license to Minot State University State Fleet at least 2 weeks in advance for driving privileges.

PASSENGER LIST (INCLUDING DRIVER)

Name	Indicate State Employee or Student