I. **Request for use of University Vehicle**
   Reservations made only upon receipt of this form by Shuttle Services. Reservations to be made as far in advance as possible

   - Date of Trip: ____________________________
   - Number of Shuttle Requested: __________________
   - Number of Persons making trip: ______________________
   - Destination: ______________________________
   - Time of Departure: ____________________________
   - Pick-Up Location: _____________________________
   - Time of Return: ______________________________
   - Purpose of Trip: ______________________________
   - Budget Unit to charge: _N/A____________________
   - Expenditure Code: _____N/A_____________________
   - Mailing Address: _____________________________________________
   - Contact Name/Number: ____________________________________________

II. **Approval of Request**
   University vehicles are to be used only for official university sponsored functions. Any cancellation or change in this trip must be submitted in writing to Shuttle Services within a reasonable time prior to trip. If written notice is not received as indicated the department or group will be charged with 3 hours of driving time for the shuttle.

   - Reservation Approved: __________________________
   - Shuttles Assigned: _____________________________
   - Date: ________________________________
   - Remarks: _________________________________