

# Student Organization VEHICLE REQUEST FORM

SUNY Cortland Physical Plant  
Transportation Department  
Service Group, 753-2129

## Instructions:

- It is advised that you call the Transportation Department, prior to submitting your request, to check vehicle availability. However, **checking availability does not confirm vehicle.**
- Please complete your request and submit to **SGA Treasurer** at least **2 weeks** before event.
- The **Transportation Department** requires this form to be received **two (2) business days** prior to pick-up.
- **Vehicles will *only* be issued with a completed Vehicle Request Form.**
- The Transportation Department is open for vehicle pick-ups as follows; 7:30-9:00AM, 9:30AM-12:00PM and 12:30-3:00PM, M-F. Vehicles are **not available** for pick-up **after 3PM** or on week-ends or holidays.
- Drivers and Passengers must be university affiliated.

## Vehicle Pick-Up & Return

**Pick-up; Date** \_\_\_\_\_ **Time** \_\_\_\_\_ AM/PM  
(7:30-9:00AM, 9:30AM-12:00PM and 12:30-3:00PM, M-F)

**Return; Date** \_\_\_\_\_ **Time** \_\_\_\_\_ AM/PM  
(Vehicles may be returned at any hour by using the key drop-box located outside the entrance to ASC. Vehicles must be returned by date/time noted above).

**Destination:** Name of Establishment \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip-code \_\_\_\_\_

**Name of Student Organization** \_\_\_\_\_

**Chaperone:** Name \_\_\_\_\_ Title \_\_\_\_\_  
Cell #: \_\_\_\_\_ Campus Dept./location \_\_\_\_\_

**Purpose of Trip** \_\_\_\_\_

**No. of Passengers** \_\_\_\_\_

**Vehicle Type** \_\_\_\_\_ 7 passenger mini-van  
\_\_\_\_\_ 12 passenger van

**Account #** \_\_\_\_\_ (required)

**Driver's Name (PRINT)** \_\_\_\_\_ **Campus Address** \_\_\_\_\_  
(must be approved student driver with van training) **Telephone Number** \_\_\_\_\_

**Driver's Signature** \_\_\_\_\_ **Driver's e-mail Address** \_\_\_\_\_

## Vehicle Request Approved as Official University Business

SGA Treasurer \_\_\_\_\_ Date \_\_\_\_\_

Vice President Approval \_\_\_\_\_ Date \_\_\_\_\_

\*NOTE: The above signature(s) do not constitute vehicle availability.

### TRANSPORTATION DEPARTMENT USE

Vehicle License # \_\_\_\_\_

Miles driven: \_\_\_\_\_

### BUSINESS OFFICE USE

#### Recharge/Billing Information

Miles driven \_\_\_\_\_ X

Current IRS Mileage Reimbursement Rate \_\_\_\_\_

Total Amount of recharge \$ \_\_\_\_\_