**Grambling State University – Office of Transportation**

Student Government Association

403 Main Street

Favrot Student Union

Grambling, Louisiana 71245

**Office:** 318.274.6115 **Email:** gsutransportation@gram.edu

[www.gram.edu](http://www.gram.edu)



**Office of Transportation Vehicle Request Form**

**Budget Code: 292048 27051 72000 2500**

**Person Requesting Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Destination City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick-Up Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drop Off Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of Student Passengers: \_\_\_\_\_ # of Adult Passengers: \_\_\_\_\_\_ Total Passengers \_\_\_\_\_\_\_\_\_**

(Passengers **MUST** be a registered Grambling State University Student, Faculty, Staff, or Administrator)

**Vehicle Type:**

 Shuttle Bus (20 passenger) Shuttle Bus (24 passenger) Van (15 passenger)

**(There will be a drivers fee and gas charge associated with this request. Additionally the driver’s lodging and meals MUST be coved by the sponsoring organization/department requesting the use of the institutional vehicle.)**

**Payment Option:**

Method of Payment: Money Order Check Cash Credit Card Departmental Transfer

**Office Use Only**

Availability of Funds

Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Departmental Transfer Information:

Fund Org. Expenditure Code Program Code Amount

\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_

Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Denied Standby

Approved/Denied By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Miles:

Driver(s) Assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Fee (#of Days x $175.00): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_