

	Office of	Transportation	Vehicle	Request	Form
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Budget Code: 292048 27051 72000 2500

Person Requesting Vehicle:				
Contact Number: Email:				
Department/Organization:				
Purpose of Use:				
Destination City/State:				
Address:				
Departure Date:	<i>Time:</i>			
Return Date:	<i>Time:</i>			
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 (There will be a drivers fee and gas charge associated with this request. A coved by the sponsoring organization/department requesting	Additionally the driver's lodging and meals MUST be			
Payment Option:				
Method of Payment: Money Order Check Cash	Credit Card Departmental Transfer			
Departmental Transfer Information:    Fund  Org.  Expenditure Code  Program Code	le Amount Office Use Only Availability of Funds			
Requestor Signature:	l			
Department Head Signature:				
Office Use Only				
Date Submitted: Approv	red Denied Standby			
Approved/Denied By:	Total Miles:			
Driver(s) Assigned				
Driver Fee (#of Days x \$175.00):				