

# State/CAS Vehicle Request Form Plattsburgh State University

( A maximum of 3 vehicles may be requested on one form. Please print. )

Preparer's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Name of Primary Driver: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Secondary Driver: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Additional Driver: \_\_\_\_\_ Phone # \_\_\_\_\_

Department/Club/Organization: \_\_\_\_\_ Account # \_\_\_\_\_

Number of persons traveling together: \_\_\_\_\_ Number of vehicles you are requesting \_\_\_\_\_

**This form is only to request a 15-passenger style van** (it holds 11 people including the driver due to the last seat being removed permanently for safety reasons).

*Note: To cancel the use of the vehicle(s) or make any changes after it is assigned, call Gina Doty at 5011 or 5044.  
Be alerted that College Auxilliary Services (CAS) charges \$10.00 for failure to call ahead for cancellation.*

Vehicle(s) Pick-up Date: \_\_\_\_\_ Vehicle Return Date: \_\_\_\_\_

Vehicle(s) Pick-up Time: \_\_\_\_\_ Vehicle Return Time: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Special Instructions for Vehicle(s): \_\_\_\_\_

**Primary Driver's Signature:** \_\_\_\_\_

**Check One:**  State Employee **or**  Student

**Secondary Driver's Signature:** \_\_\_\_\_

**Check One:**  State Employee **or**  Student

**Additional Driver's Signature:** \_\_\_\_\_

**Approved Signature (Supervisor/Dept Chair):** \_\_\_\_\_

**Approved Signature for out-of-state travel (Dean/VP):** \_\_\_\_\_

**NOTE:** By applying to use a N.Y. State or C.A.S. owned/operated vehicle and signing this document, I agree to allow the campus to utilize the DMV LENS program to check my driving record. Use of the information obtained via LENS is limited by the Driver's Privacy Protection Act (DPPA). Also, I certify that I do not have any medical conditions, nor am I taking any prescribed or over the counter medication that would impair my ability to operate a motor vehicle.

**Reminder:** A Travel Authorization Form needs to be completed for van fuel charges and for expenses other than vehicle mileage and sent to the Accounts Payable office in Kehoe room 706.

**Do Not Write Below This Line**

Vehicle Assigned:  yes  no Vehicle ID No. \_\_\_\_\_ Date: \_\_\_\_\_

Lens Check 1<sup>st</sup> driver:  yes  no \_\_\_\_\_

Lens Check 2<sup>nd</sup> driver:  yes  no Signature Director of Facilities or Designee

Lens Check 3<sup>rd</sup> driver:  yes  no Office of Maintenance & Operations

Controller  
Original

Accounting  
Copy

Traveler  
Copy