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 DONNA GADUE at 5019.  Be alerted that College Auxiliary Services (CAS) charges $10.00 for failure to call ahead for cancellation.

Vehicle(s) Pick-up Date: _______________ Vehicle(s) Return Date: _______________
Vehicle(s) Pick-up Time: _______________ Vehicle(s) 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 NY State or CAS 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 #: __________________________ Date: _______________

Lens Check 1st driver: [ ] Yes [ ] No
Lens Check 2nd driver: [ ] Yes [ ] No
Lens Check 3rd driver: [ ] Yes [ ] No

Signature of Director of Facilities or Designee
Office of Maintenance & Operations

Revised 12/07