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 Auxiliary 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:  χ State Employee or  χ Student

Secondary Driver’s Signature: _____________________________________________________________________________________

Check One:  χ State Employee or  χ Student

Additional Driver’s Signature: _____________________________________________________________________________________

__________________________________________________________

Primary 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:  χ yes  χ no

Vehicle ID No. ____________ Date: ____________

Lens Check 1st driver:  χ yes  χ no

Lens Check 2nd driver:  χ yes  χ no

Lens Check 3rd driver:  χ yes  χ no

Signature Director of Facilities or Designee

Office of Maintenance & Operations

χ Controller

Original

χ Accounting

Copy

χ Traveler

Copy

Revised 4/7/05