

VEHICLE REQUEST/AUTHORIZATION FORM

DATE: _____

This form should be used to request the use of state vehicles. A maximum of three vehicles may be requested on one form. Please complete the form electronically. Once all signatures are obtained, email form to vehiclerequest@potsdam.edu. To cancel the use of the vehicle(s) or make any changes after it is assigned, call Physical Plant Administrative Assistant at x2598. Be alerted that there is a charge of \$14.00 for failure to call ahead for cancellation. Rates are \$14/day or \$.67/mile (whichever is greater). If you have any questions about availability or requesting a vehicle, please contact the facilities department at (315)267-2598.

DRIVER'S NAME (#1):		EMAIL:	
DRIVER'S NAME (#2):		EMAIL:	
DRIVER'S NAME (#3):		EMAIL:	
DEPARTMENT:	PHONE:	ACCOUNT:	
# & TYPE OF VEHICLES: #	12 PASS VAN	OTHER NEEDS:	TRAILER
DESTINATION:		CITY/STATE:	
DEPARTURE DATE:	TIME:	RETURN DATE:	TIME:
LIST OF PASSENGERS:			
	DRIVER'S LICENSE MUST BE ON FILE WITH	THE PHYSICAL PLANT OFFICE PF	RIOR TO TRAVEL
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I CERTIFY: • I HAVE A VALID MYS DRIVER'S LICENSE (OR HAVE SUBMITTED THE OUT OF STATE NOTARIZED AFFIDAVIT FOR ANOTHER STATE)			
 THIS TRAVEL IS FOR OFFICIAL STATE BUSINESS I HAVE READ THE FLEET VEHICLE USE POLICY AND ACCEPT ALL DRIVER RESPONSIBILITIES AS STATED IN THE POLICY 		DRIVER (#1) CERTIFICATIO	N & AUTHORIZATION SIGNATURE
I WILL NOTIFY PHYSICAL PLANT OF ANY PASSENGER CHANGES PRIOR TO LEAVING THE CAMPUS (SEE POLICY FOR SPECIFIC REQUIREMENT)		DRIVER (#2) CERTIFICATION & AUTHORIZATION SIGNATURE	
I AUTHORIZE SUNY POTSDAM PHYSICAL PLANT, TO VERIFY MY DRIVER'S LICENSE INFORMATION UTILIZING THE DMV LENS PROGRAM TO DETERMINE MY ELIGIBILITY TO DRIVE		DRIVER (#3) CERTIFICATION & AUTHORIZATION SIGNATURE	
SGA OFFICER AUTHORIZATION SIGNATURE (IF APPLICABLE)		DEPARTMENT HEAD/ADVISOR AUTHORIZATION SIGNATURE	
DEAN OF STUDENT'S SIGNATURE (IF APPLICABLE)		PRESIDENT'S COUNCIL SIGNATURE (FOR OUT OF STATE OR STUDENT ASST TRAVEL)	
TRAVEL REQ APPROVED		ACADEMIC PROGRAM	

AFTER SIGNATURES ARE OBTAINED, PLEASE SUBMIT TO PHYSICAL PLANT OFFICE ELECTRONICALLY