

## 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              |
|                                                                                                                                                                                     |                                       | ٦                                                                       |                             |
| I CERTIFY:<br>• I HAVE A VALID MYS DRIVER'S LICENSE (OR HAVE SUBMITTED THE OUT OF<br>STATE NOTARIZED AFFIDAVIT FOR ANOTHER STATE)                                                   |                                       |                                                                         |                             |
| <ul> <li>THIS TRAVEL IS FOR OFFICIAL STATE BUSINESS</li> <li>I HAVE READ THE FLEET VEHICLE USE POLICY AND ACCEPT ALL DRIVER<br/>RESPONSIBILITIES AS STATED IN THE POLICY</li> </ul> |                                       | DRIVER (#1) CERTIFICATIO                                                | N & AUTHORIZATION SIGNATURE |
| I WILL NOTIFY PHYSICAL PLANT OF ANY PASSENGER CHANGES PRIOR TO<br>LEAVING THE CAMPUS (SEE POLICY FOR SPECIFIC REQUIREMENT)                                                          |                                       | DRIVER (#2) CERTIFICATION & AUTHORIZATION SIGNATURE                     |                             |
| I AUTHORIZE SUNY POTSDAM PHYSICAL PLANT, TO VERIFY MY DRIVER'S<br>LICENSE INFORMATION UTILIZING THE DMV LENS PROGRAM TO<br>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