



# REQUEST FOR USE OF SOP VAN

NOTE: Minimum of 6 (5 passengers, 1 driver) required for use of van.

Requested By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Department: \_\_\_\_\_ Account No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose:

Destination: \_\_\_\_\_ Driver: \_\_\_\_\_

No. of Passengers: Faculty/Staff \_\_\_\_\_ Students \_\_\_\_\_ Other \_\_\_\_\_

Keys or vehicle will be picked up at \_\_\_\_\_ on \_\_\_\_\_  
(hour) (date)

Scheduled departure: \_\_\_\_\_ on \_\_\_\_\_  
(hour) (date)

Scheduled return: \_\_\_\_\_ on \_\_\_\_\_  
(hour) (date)

APPROVED BY:

Department Head: \_\_\_\_\_  
Print Sign Date

Dean: \_\_\_\_\_  
Print Sign Date

Vehicle keys and credit cards must be picked up from Mike Moncrief, Bienville 165.