

Anne Arundel Community College

VEHICLE REQUEST FORM

Date: _____

MEMORANDUM

To: Director of Facilities Maintenance and Operations

From: _____

Phone Number: _____ E-Mail: _____

VIA: Director _____
(Printed Name) (Signature)

Division Chair _____
(Printed Name-If requestor is a Director or higher) (Signature)

Subject: Request for the Use of Fleet Vehicle(s)

Date of Trip: _____ Are Contract Drivers Needed? _____

Time of Departure: _____

Departing from: _____

Estimated Time of Return: _____

Number of Passengers: _____

Destination(s) & Address: _____

Purpose/Itinerary: _____

Service Vehicles: If Faculty or Staff is driving you MUST list each name below and check whether they are a current driver with AACC or if they are new. If a new driver is requesting a vehicle then Facilities Maintenance & Operations must be contacted at ext. 1206 at least 5 days in advance in order to obtain necessary documentation. Please include your cell phone number in case of emergency.

Shuttle Vehicles: If your request includes Facilities Maintenance & Operations to secure a driver for your trip please make sure the request is received 3 weeks prior to the date of the trip. If the trip should need to be canceled contact ext. 1206 within 48hrs to avoid penalties as stated in §VI,C,4 of the Vehicle Fleet Administration Procedure Manual

Driver's Name	Driver on file	New Driver	Cell Phone
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____