

VAN REQUEST FORM

Fill out completely and submit to Campus Programs & Organizations at least TEN DAYS in advance of desired usage.

NAME _____ TODAY'S DATE _____

CAMPUS ADDRESS _____ EXT. _____

ORGANIZATION OR DEPARTMENT _____

DATE(S) DESIRED _____ DESTINATION _____

EVENT/REASON FOR VAN USE _____

NUMBER OF VANS NEEDED _____

KEYS: PICK-UP DATE _____ PICK-UP TIME _____ AM/PM

VAN: PICK-UP DATE _____ PICK-UP TIME _____ AM/PM

VAN: RETURN DATE _____ RETURN TIME _____ AM/PM

NAME OF APPROVED DRIVERS (MUST BE COLLEGE APPROVED, LIST AVAILABLE IN CPO)

VAN NO. 1 _____

VAN NO. 2 _____

TRIPS WHICH INVOLVE DRIVING SEGMENTS FOR OVER TEN (10) CONSECUTIVE HOURS **REQUIRE** TWO (2) APPROVED DRIVERS PER VAN. WILL THIS TRIP INVOLVE DRIVING SEGMENTS OVER TEN (10) CONSECUTIVE HOURS?

YES NO

ONLY CURRENT ALBION COLLEGE STUDENTS, FACULTY & STAFF MAY RIDE IN COLLEGE VANS. YOU MAY NOT TRANSPORT ANY COMMUNITY MEMBERS, CHILDREN, ALUMS, VISITORS, OR OTHER GUESTS. I UNDERSTAND AND AFFIRM THAT ONLY CURRENT ALBIOIN COLLEGE STUDENTS, FACULTY OR STAFF WILL BE TRANSPORTED DURING THIS TRIP.

PLEASE INITIAL

I UNDERSTAND THAT IF FOR ANY REASON I NO LONGER NEED THE VAN ON THE REQUESTED DATES ABOVE I WILL NOTIFY CAMPUS PROGRAMS AND ORGANIZATIONS AND CANCEL. I UNDERSTAND THE FAILURE TO CANCEL A RESERVATION MAY CAUSE MY GROUP TO GET BILLED A FINANCIAL PENALTY.

PLEASE INITIAL

Charge -- \$.50 per mile 1/1/10