

# Vehicle Request

**ROSTER:** List names of all drivers and passengers: **(All drivers must follow CSI Vehicle Policy)**

	CSI ID #	Name	Your Cell Phone Number	Emergency Contact Name and Phone Number
1		DRIVER #1		
2		DRIVER #2		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

<b>Car</b> Max 5	<b>Van</b> Max 12	<b>Mini-Van</b> Max 7	<b>Mini-Bus</b> Max 12 <small>(Special Instruction Suggested)</small>	<b>Snow Plow Truck</b> <small>(Seasonal (Special Conditions only))</small>	<b>Non-Pool Vehicle</b> <small>(SEND COPY TO SECURITY)</small>
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Please give a chronological order of departure **dates/times, destination, return date/time & activities planned.**

**You MUST attach your detailed travel plan/itinerary if you are traveling out of state or overnight to the back of this page.**

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Destination: \_\_\_\_\_

Activities: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Account number to be used to charge travel \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Fund Department Account

APPROVED \_\_\_\_\_  
SUPERVISOR DATE

APPROVED IF TRAVELING OVERNIGHT OR OUT OF STATE \_\_\_\_\_  
DEAN DATE

NAME OF PERSON TAKING THE VEHICLE \_\_\_\_\_

SIGNATURE OF PERSON TAKING THE VEHICLE \_\_\_\_\_  
DATE

**Driver MUST initial**

\_\_\_\_\_  
 Drivers will not drive more than 4 hours without a 30 minute break.

\_\_\_\_\_  
 No driver will drive more than 6 hours in a 24 hour period.

\_\_\_\_\_  
 The group will not travel for more than 12 hours total during any 24 hour period.

\_\_\_\_\_  
 The most up-to-date roster/itinerary is attached

**THE ROSTER ABOVE IS UP-TO-DATE AND ACCURATE AT TIME OF DEPARTURE**

I, \_\_\_\_\_, verify that this roster is accurate. Date: \_\_\_\_\_