

University of Central Arkansas Request for Motor Pool Vehicle

PART 1

Requisitioning Department _____ Index No./ Acct. Code _____ Order Date _____

Purpose of trip/ Destination _____

Type Vehicle Required Automobile/Automobile •

Number of Travelers Individual _____ Group _____ No. Passengers _____

Departure Time/Date _____ Return Time/Date _____

Driver's Name _____ Ark. Driver's License No. _____

Approved By: _____ Approved By: _____
Department Chairman Head of Department

PART 2 THIS SECTION TO BE COMPLETED BY MOTOR POOL SUPERVISOR

Description of Vehicle Assigned _____ Vehicle Number _____ License Number _____

Date/Time Returned _____ Ending Odometer Reading _____

Date/Time Departed _____ Beginning Odometer Reading _____

Total Miles Traveled _____

Credit Card Number _____ Cost Rate per mile _____

Date Card Returned _____ Mileage Cost _____

Other Costs _____

VSP-1 on File Yes No

Total Cost _____

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