



Florida Atlantic University
Treasure Coast Campus
Motor Vehicle Reservation Form

TO: Lorraine Straughn, Coordinator, Administrative Services

FROM: _____

Phone ext: _____ E-mail: _____

SUBJECT: Request for Use of a University Motor Vehicle

DATE: _____

OPERATOR NAME: _____

OPERATOR'S DRIVER LICENSE NUMBER: _____

PASSENGERS: _____

DATE/TIME REQUIRED: _____ (specify am/pm)

DATE/TIME OF RETURN: _____ (specify am/pm)

VEHICLE TYPE REQUESTED: _____

DESTINATION: _____

REASON FOR TRAVEL: _____

DEPARTMENT NAME: _____

ACCOUNT NUMBER: _____

I hereby certify/affirm that the vehicle will be used only for state business and that this travel will be performed for the purposes stated.

Operator's Signature _____

Title and Department _____

APPROVED: _____ DENIED: _____ (If denied state reason below.)

DATE: _____