

Vehicle and Bus Service Request Form  
 SUNY College at Old Westbury Transportation Services  
 516-876-3346 Monday- Friday 7:30AM-3:30PM

**VEHICLE REQUEST RULES AND PROCEDURES:**

- 1) All Request Must Be Written- No Verbal or Email Transactions Will Be Honored
- 2) All Requests Received Less Than 48 Hours From Trip Will Be Rejected
- 3) All Vehicle Operator's Must Have A Valid Driver's License
- 4) All Keys Must Be Picked Up Before 3:00PM M-F Day of Trip; Weekend trips before 3pm on Fri.

**To Be Completed By Requesting Department**

Vehicle Operator's Name:		Contact Name and afterhours Phone #:		NYS Driver's License #:
Dept.:	Account:	Phone Ext:	State Driver Req: Yes__ No__	# of Passengers

Circle Type of Vehicle Required:



Van



Sedan



Bus (with Driver)

**Departure Information**

**Return Information**

Date:	Pick up Time:	Destination:	Date:	Return Time:	Location:
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Purpose of Trip:	Approximate Mileage:

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Area VP: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Filled Out By Dispatcher:**

Vehicle Plate No. _____ Mileage Out: _____ Mileage In: _____ Credit Card Used (Yes or No): _____ EZ Pass #: _____ Date: _____	Note: This vehicle must be returned by: _____ as listed above. Keys and folders must be returned to dispatcher or put in drop box under #22 Serv. Building B. Dispatcher: _____ Miles Traveled : _____ at _____ per mile Total: _____ No. of Fuel Receipts: _____
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I certify that all travel indicated above is necessary and for the purpose of New York State business in conformity with regulations. All deficiencies found or created, including traffic tickets, etc., will immediately be reported to dispatcher upon return. Vehicle Operators are solely responsible for all infractions acquired while driving state vehicles.

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_