

**MISSISSIPPI UNIVERSITY FOR WOMEN
RESOURCES MANAGEMENT, W-BOX 1628**

VEHICLE REQUEST FORM

MUW Employee Requesting Vehicle _____

Department Name _____

Group name, purpose, official function _____

Date(s) Requested From _____ To _____

Departure Time _____ Return Time _____

Number of people _____ Destination: _____

Budget code to be charged _____ Driver _____

Department Head's Signature: _____

Driver's License Number _____ Expiration Date _____

State in which license is valid _____

VEHICLE(S) REQUESTED

Type of Vehicle	Special Instructions
(3) 15 passenger vans	
(2) 7 passenger van	
(1) 27 passenger minibus	
(3) Taurus	
(2) Lumina	
(3) Impala	

FOR OFFICE USE ONLY

Signature Confirming Reservation: _____

- Your request has been approved for vehicle # _____.
- The vehicle(s) you requested is/are not available on the dates desired. Your request is being retained in the event of a cancellation.