



**MISSISSIPPI UNIVERSITY FOR WOMEN
RESOURCES MANAGEMENT, MUW-1628**

SHUTTLE REQUEST FORM

MUW Employee Requesting Golf Cart _____

Driver's Name _____

Department Name _____

Group name, purpose, official function _____

Date(s) Requested From _____ To _____

Supervisor Signature: _____

Does Res Mgmt. have a current copy of your driver's license on file? **YES** **NO**

Have you read the vehicle manual and signed the vehicle manual acknowledgment form?
YES **NO**

VEHICLE(S) REQUESTED

Type of Vehicle	Special Instructions
(4) 8 passenger cart	
(1) 6 passenger cart	

FOR OFFICE USE ONLY

Signature Confirming Reservation: _____

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