



MISSISSIPPI UNIVERSITY FOR WOMEN
RESOURCES MANAGEMENT, MUW-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 issued _____

VEHICLE(S) REQUESTED

Type of Vehicle	Special Instructions
(2) 12 passenger vans	
(1) 7 passenger van	
(1) Taurus	
(2) Focus	
(5) 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.