

VEHICLE REQUEST FORM FACILITIES MANAGEMENT

For Questions Please Call 701.671.2379 or email ndscs.fm@ndscs.edu

North Da	akota State College of Science	TOT QUE	stions i icase	dan 701.071.2373 or circuit <u>indocs.internascs.car</u>	
	Office	e Use Only:	Vehicle #	Reservation #	
	-	.2. State fleet vehic	-	ing NDCC 39-01-03, SBHE Policy 512, State Fleet Policy Manual, SBHE Polic authorized purposes and official business of North Dakota State College Of business.	
Instr	uctions				
1	Complete form and click submit	or cond to nde	as fra Ondoos oo	All fields are required	
1.		plete form and click submit, or send to ndscs.fm@ndscs.edu . All fields are required.			
2.	-	ivers must possess a valid driver's license and present their license when picking up the vehicle. Ithorized signature is required for depletion of funds and request validation.			
3.	4. If vehicle use involves STUDENT PASSENGERS or STUDENT DRIVERS an Authorized Student Use form must be submitted				
4.			STUDENT DRIV	reks an Authorized Student Ose form must be submitted	
_	prior to the vehicle being release		an usor places	call 701 671 2270 for more information	
5.	Large van training is required for 15-passenger van use; please call 701-671-2379 for more information. State Fleet policy manual located in glove compartment and online at https://www.dot.nd.gov/manuals/fleet/fsmanual.pd				
6. 7	7. Risk Management coverage information regarding State Fleet vehicle use is online at				
https://www.nd.gov/omb/agency/risk-management-services/vehicle-liability					
	ittps.//www.nd.gov/omb/agend	y/HSK-IIIaIIagei	ment-services/v	Verificie-ilability	
Drive	r Information				
Namai		Γ	valovoo ID#i	Phone Number:	
Name.		[1]	ipioyee ib#	Priorie Number	
Email: Driver's License Expiration Date:					
Lillali.				ver a dicense expiration bate.	
List all	Passengers:				
-100 011				thorized Student Use form here.	
Tuin I		iivoives stade	iits, iiii out Au	thorized student ose form <u>nere</u> .	
ırıp ı	nformation				
Danart	ure Date:	Denart	ure Time:		
Depart	uie Date.	Depart	ure rime		
Return	Date:	Return	Time:		
Ctuiii		Ketaiii	Time:		
Destina	ation:				
_	(- 1				
	se of Trip (Be Specific):				
Vehic	le Information				
	Code (CIN/E	MD		Hadaaalia lift Biahaa	
	Sedan/SUV F	WD		Hydraulic Lift Pickup	
	Minivan			Enclosed Trailer	
	Pickup			Flatbed Trailer	
	15-Passenger	Van		SUV AWD	
Fundi	ing and Authorization				
		Doot	Number	Draiget Number	
runding Number:		Dept.	. Number:	Project Number:	
Janar+	ment Name:				
rehair	ment Name:				

Authorized Signature: