



VEHICLE RESERVATION FORM

Driver Information

Name: _____ WIN# _____

Primary Driver (If different then above) _____

Department: _____ Ext.# _____

Driver's License # _____ State _____

Driver Signature: _____

Department Signature* _____
**Required for Student Use*

Secondary Driver _____ WIN# _____

Vehicle requested for following dates: _____

Departure Time: _____ Destination _____

Purpose of trip: _____

Scheduled return date & time: _____

Passenger Roster

(List may be updated/modified at time of departure)
Name and University affiliation

1. (Driver)	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.