

## Facilities Fleet Car Request Form 17-411a

1. Complete and submit a **My Services Facilities ticket request** at least 4 days prior to travel date. This form may be scanned and electronically attached to the *My Services Facilities ticket*.
2. This form must be signed (either by hand or electronically) by traveler responsible for the car and authorized by your department's supervisor. A valid *Driver History form* is required to be on file through Facilities to qualify for requesting a car.
3. Once a car has been scheduled you will receive an e-mail confirmation with a signed Facilities approved copy of this form attached. Please keep the Facilities approved form with you and fill out the Vehicle Pick-Up and Vehicle Return sections before and after your travel. Submit the finished form with the returned keys and credit card.
4. All travel must be in compliance with the College's travel policy and procedures found at: [www.ncstatecollege.edu/facilities](http://www.ncstatecollege.edu/facilities) .

**TRAVELER CONTACT INFORMATION (completed by traveler)**

Date Requested \_\_\_\_\_ My Services Facilities Ticket # \_\_\_\_\_ Dept. \_\_\_\_\_ Dept. Acct. # \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_  
 Building \_\_\_\_\_ Room \_\_\_\_\_ Office Phone \_\_\_\_\_ Email \_\_\_\_\_

**TRIP INFORMATION (completed by traveler)**

Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Date \_\_\_\_\_ Return Time \_\_\_\_\_  
 Destination Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Trip Purpose \_\_\_\_\_

List additional travelers: _____	Faculty	Staff	Student
(list full names) _____	Faculty	Staff	Student
_____	Faculty	Staff	Student
_____	Faculty	Staff	Student

*I acknowledge and agree to abide by the College Travel policy and procedures.  
 I have a current Driver History form on file with Facilities and there are no changes to my driving status.*

**Traveler Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I acknowledge that College Travel must come out of our department's budget. Funds were verified in our department's travel budget account and this account will be reduced for transportation cost.*

**Direct Supervisor Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Facilities Approval** \_\_\_\_\_ **Confirmation #** \_\_\_\_\_ **Car Assigned** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED UPON VEHICLE PICK-UP – Travel handbook and emergency information will be in car's glove box.  
 Note: Vehicle Return – make sure the vehicle has at least ¼ of a tank of gas when returned.**

VEHICLE PICK-UP						VEHICLE RETURN					
Date Picked up _____			Time Picked Up _____			Date Returned _____			Time Returned _____		
Mileage _____						Mileage _____ Total Miles Driven _____					
Fuel Level (circle) Full 3/4 1/2 1/4 Empty						Fuel Level (circle) Full 3/4 1/2 1/4 Empty					
Condition/ Comments						Condition/ Comments					
Received Fleet Credit Card (check)						Returned Fleet Credit Card					
Received Building Key Card						Returned Building Key Card					
Received Car Keys						Returned Car Keys					
<b>Please keep all receipts and return with keys</b>						<b>Please submit this form and all receipts with returned keys-</b>					
Driver Signature _____						Driver Signature _____					