



CHICAGO STATE
UNIVERSITY

Vehicle Request

Faculty requesting a vehicle for official business usage
(Insurance requires ALL passengers to be
directly involved in the official business of the trip)

DATE OF REQUEST

DESTINATION NAME

DEPARTMENT

DESTINATION CITY

STATE

ZIPCODE

DRIVER'S NAME

OF PERSONNEL IN PARTY

DRIVERS TITLE

OFFICE NUMBER

input as 7731234567

CELL NUMBER

VEHICLE PICK UP

DRIVER'S LICENSE #

VEHICLE TO BE RETURNED:

Use Blue mailbox in front of the CSU Police to drop off keys after hours.

EMAIL ADDRESS

DRIVER'S SIGNATURE

Once signed you cannot edit anymore. Need help signing a pdf, [see video here](#).
Email signed copy to parking@csu.edu.

Fiscal Officer Signature

Overnight signed approval by

FLEET DEPARTMENT