

**Texas Woman's University  
Van Request Form**

Please state below how many vehicles of each type you are requesting (i.e. 1, 2, 3, etc.) fill in all applicable information and send all copies to Facilities Management.

**Vehicles require 48 hour notice and keys must be picked up prior to 4 p.m.**

VAN \_\_\_\_\_

VAN with special needs \_\_\_\_\_

Requesting Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Fuel Credit Card Needed: Yes [ ] No [ ]      Number of Passengers: \_\_\_\_\_      Estimated travel miles: \_\_\_\_\_

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date(s) \_\_\_\_\_      Departure Time(s) \_\_\_\_\_

Return Date(s) \_\_\_\_\_      Return Time(s) \_\_\_\_\_

**Each person named must provide the Auto Shop staff a valid Driver-Authorization Card along with a valid driver's license and this paperwork in order to obtain keys to the vehicle(s) assigned.**

**A Driver Authorization Card may be requested through FMC's website.**

Driver(s) 1. \_\_\_\_\_      Authorization # \_\_\_\_\_      Faculty [ ]      Staff [ ]      Student [ ]

2. \_\_\_\_\_      Authorization # \_\_\_\_\_      Faculty [ ]      Staff [ ]      Student [ ]

3. \_\_\_\_\_      Authorization # \_\_\_\_\_      Faculty [ ]      Staff [ ]      Student [ ]

\_\_\_\_\_  
*Requesting Employee (signature)*      *Date*

\_\_\_\_\_  
*Account Approver (signature)*      *Date*

Department Account No. \_\_\_\_\_

Email Address Required \_\_\_\_\_

**DO NOT WRITE IN THE SPACES BELOW**

**CONFIRMATION**

**Approved: Yes [ ] No [ ]**

**Assigned Vehicles** \_\_\_\_\_

\_\_\_\_\_  
*Office of Facilities Management*      *Date*