

UNIVERSITY OF VIRGINIA
Parking & Transportation Services
Motor Pool
USE OF VEHICLE AUTHORIZATION

DATE _____

REQUEST IS HEREBY MADE FOR ASSIGNMENT OF A MOTOR POOL VEHICLE:

TRAVELLER'S NAME: _____

DRIVER'S LICENSE NUMBER/STATE: _____

DEPARTMENT NAME: _____

DEPARTMENT ACCOUNT CODE: _____

DESTINATION(S):

PICK UP DATE: _____ TIME: _____

RETURN DATE: _____ TIME: _____

UVa MOTOR POOL RESERVATION NUMBER: _____

AUTHORIZATION BY DEAN, DEPARTMENT HEAD OR
DESIGNATED OFFICIAL

UNIVERSITY VEHICLES ARE TO BE USED ONLY FOR UNIVERSITY-RELATED BUSINESS AND NO OTHER TYPE OF USE IS PERMITTED OR ALLOWED BY THE LAW.

SPECIFIC PURPOSE OF TRIP:

Please indicate course and number if trip is in direct support of the course or specify group sponsoring meeting/conference as appropriate

TRAVEL AS DESCRIBED ABOVE IS HEREBY AUTHORIZED AND I CERTIFY THAT THIS TRAVEL MEETS THE DEFINITION OF "OFFICIAL STATE BUSINESS."

SIGNED: _____

DATE: _____