Motor Pool Authorization Form

Reservation # ____________ Required - See Instructions below

Instructions: A reservation number is assigned when the reservation is confirmed. That number is to be entered on the Reservation # line above. Please PRINT on this entire form except for signatures. When picking up the vehicle, bring completed form with original signatures.

Driver’s Name: ____________________________ Boise State ID: ____________________________

Provide information for additional drivers on next page

Department Name: _______________________ Preparer Name: ____________________________

Preparer Phone: _______________ Preparer Email: __________________________________________

Justification for Travel (for Grant/Sponsored projects, briefly describe how this travel pertains to the project’s objectives):
________________________________________________________________________________________________________________________________________

Type of Vehicle Requested (i.e. 12 passenger van): ________________

If 12 passenger, Certificate issue date? __________

(Rentals annually, must be 20 years of age)

Rental Dates (i.e. 7/1/16 – 7/5/16): ________________________________

Dept ID to Charge: _______________________

Email Address for Charges: ______________________________

An email with the charges will be sent for approval prior to Department charges.

Grant Code: __________________________

Grant Expiration Date: ________________

Grant/Sponsored Project #: __________________________

Estimated Cost: __________________________

I approve the listed drivers to operate a motor vehicle for this trip.

Approved by:

Signature of Department Chair, Director, Dean, Vice President Printed Name ______________________ Date ______________

I, the Driver, acknowledge that I have read and understand the Driver Expectations form.

Driver Signature: __________________________ License State and #: __________________________

Boise State University MOTOR POOL USE ONLY

Vehicle #: ________________

Total Charge _____ Days: $ ______________________

License Shown? ______ 12 Pass Cert. shown? ______

Excess Charge – i.e. Heavy cleaning: ______________

Mileage In: ______________ Date: ______________

TPS Gallons filled: Price_______ Gallons________

Mileage Out: ______________ Date: ______________

Receipt 1: Price_______ Gallons________

Trip Mileage: ______________

Receipt 2: Price_______ Gallons________

Service Due? Yes or No

Receipt 3: Price_______ Gallons________

Interior/Exterior Check: __________

Total Fuel: Cost_______ Gallons________

Windshield Wiper Fluid: __________

Total Customer Cost: _________

Returned Items: Fuel Card___, Hitch___, Weather Kit___, Emergency Kit___

TPS: Checked In by: ______________
Driver’s Name (Please Print): ____________________________ Employee ID: ____________________________

I, the Driver, acknowledge that I have read and understand the Driver Expectations form.

Driver Signature: ____________________________ License State and #: ____________________________

Driver’s Name (Please Print): ____________________________ Employee ID: ____________________________

I, the Driver, acknowledge that I have read and understand the Driver Expectations form.

Driver Signature: ____________________________ License State and #: ____________________________

Driver’s Name (Please Print): ____________________________ Employee ID: ____________________________

I, the Driver, acknowledge that I have read and understand the Driver Expectations form.

Driver Signature: ____________________________ License State and #: ____________________________

Driver’s Name (Please Print): ____________________________ Employee ID: ____________________________

I, the Driver, acknowledge that I have read and understand the Driver Expectations form.

Driver Signature: ____________________________ License State and #: ____________________________