

VEHICLE REQUEST/JUSTIFICATION

Washington State University

This is a request for: (Check one)

Long-term motor vehicle rental.

Special purpose long-term motor vehicle rental. (Complete section below.*)

For Motor Pool Use
Vehicle #
Type

DEPARTMENT	TELEPHONE	DATE
------------	-----------	------

PERSON RESPONSIBLE FOR VEHICLE	E-MAIL ADDRESS
--------------------------------	----------------

Indicate the supporting University account.

Indicate the period the vehicle will be used.

BUDGET	PROJECT
--------	---------

BEGIN DATE	END DATE
------------	----------

JUSTIFICATION: See 95.35.1-3 for justification parameters. If the vehicle is used as a service vehicle, describe the use.

*SPECIAL PURPOSE VEHICLE: If this is a special purpose vehicle request, describe the alterations to be made to the vehicle.

The signing department agrees to rent this special purpose vehicle until the Motor Pool has recouped expenses incurred by purchasing and/or altering this vehicle or until the Motor Pool finds another customer to take the vehicle. See 95.35.3-4.

ESTIMATED MONTHLY MILEAGE

See 95.35.2 for mileage requirement. Verification of actual mileage must be submitted to the WSU Motor Pool each month.

LOCATION WHERE VEHICLE KEPT WHEN NOT IN USE

PERSONS AUTHORIZED TO DRIVE THE VEHICLE AND DRIVER'S LICENSE NUMBERS	
DRIVERS NAME	DRIVER'S LICENSE NUMBER

DEPARTMENT CHAIR NAME	DEPARTMENT CHAIR SIGNATURE	DATE
-----------------------	----------------------------	------

Route the completed and approved form to Motor Pool, mail code 1075.