

AVERETT UNIVERSITY
Vehicle Reservation Form

**** THIS FORM MUST BE FILLED OUT AND SIGNED BY THE SPONSOR/SUPERVISOR and returned along with the completed Averett Gas Receipt form to Security (103 Danville-for Main Campus vehicles) or the Athletic Director (103 Grant Center-for North Campus vehicles) between 8:30 a.m. and 4:00 p.m., Monday through Friday.**

NOTE: This form must have handwritten signatures. Vehicle Driver must be an approved driver. (Sponsor should read the Vehicle Policy carefully so you will know your responsibilities.)

**** NO VEHICLE RESERVATION WILL BE CONFIRMED UNTIL THIS COMPLETED FORM, ALONG WITH THE GAS RECEIPT FORM, IS TURNED IN TO AND APPROVED BY THE VEHICLE COORDINATOR.**

Please Print

1. ORGANIZATION/DEPARTMENT: _____
2. SPONSOR/SUPERVISOR:(Print) _____ PHONE: _____
3. DATE DEPARTING: _____ TIME DEPARTING: _____
DATE RETURNING: _____ TIME RETURNING: _____
4. PURPOSE OF TRIP: _____
5. DESTINATION: _____ ESTIMATED MILES: _____
6. DRIVER(S): _____
7. NUMBER OF VEHICLES NEEDED: _____ NUMBER OF PASSENGERS: _____

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I certify that the above information is complete and accurate, and I agree to all of the conditions stated in the Vehicle Policy. I ACCEPT FULL RESPONSIBILITY FOR THE VEHICLE.

_____ (SPONSER SIGNATURE) _____ (DATE)

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VEHICLE DRIVER: (To be completed ONLY when picking up keys)

In accepting the keys to the vehicle(s) _____,
I agree to follow the conditions as stated in the Vehicle Policy.

(PRINT NAME) (SIGNATURE) (DATE)

(PRINT NAME) (SIGNATURE) (DATE)

(PRINT NAME) (SIGNATURE) (DATE)

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COMMENTS: _____
