

Mount Vernon Nazarene University

Motor Pool Vehicle Request Form

Vehicle Information

1. Type of Vehicle(s) Desired _____ 2. Pick Up Date _____ Time _____:____am/pm
____ Car _____ Minivan _____ Return Date _____ Time _____:____am/pm
____ Cargo Van _____ 15-Passenger Van
____ MVNU Bus _____ Charter Bus (Must call Motor Pool First) Mode of Transportation points _____

3. Name/Organization _____ Purpose _____

4. Destination _____

Drivers' Information (all drivers must have completed the required MVNU Vehicle Safety Training)

Name _____ Certified Yes _____ No _____

Name _____ Certified Yes _____ No _____

Name _____ Certified Yes _____ No _____

Name _____ Certified Yes _____ No _____

Rules and Regulations

- All drivers must be 19 years of age or older and have completed the MVNU drivers' safety training prior to operating a school owned vehicle.
- The vehicle must be returned by the above-specified time or a \$25 fee will be charged to the department.
- If the vehicle is not returned in satisfactory condition a \$25 cleaning fee will be charged to the department.
- A cancellation fee of \$25 will be charged if a two (2) day prior notice is not given.
- The driver is responsible for all occupants and their safety, and must obey all state and federal traffic laws pertaining to the safe operation of a school-owned or leased vehicle. The driver is responsible for any fines or parking violations received.
ALL OCCUPANTS MUST WEAR THEIR SEATBELT AT ALL TIMES!
- IN CASE OF EMERGENCY OR ACCIDENT NOTIFY DENNY TAYLOR at:**
(740) 397-3424—HOME (740) 398-7664—MOBILE (740) 392-6868 EXT. 4431—WORK
AND THE APPROPRIATE LAW ENFORCEMENT. Insurance and Vehicle Registration are located in the storage compartment.
Insurance and Accident information are attached to every key ring.
- All trips are subject to approval by the Director of Physical Plant.

BY SIGNING BELOW, I AM SAYING THAT I HAVE COMPLETED ALL FIELDS AND I HAVE READ AND UNDERSTAND THE ABOVE RULES AND REGULATIONS; I AM NOT DRIVING UNDER A RESTRICTION OR SUSPENSION; AND I HAVE NOT RECEIVED TWO(2) OR MORE CITATIONS WITHIN THE LAST ONE(1) YEAR.

DRIVER'S SIGNATURE _____ DATE _____

Department Head/Supervisor Signature _____ Date _____

Account Number to be Charged _____

Motor Pool Information

1. Vehicle(s) Assigned _____ Mileage Out _____ Mileage In _____
Total Mileage _____ Notes _____
Vehicle Expense = \$ _____
Other _____ = \$ _____
TOTAL = \$ _____

Send all copies to the Motor pool department