

Submit

Number of Vans Requested: _____

Requesting Department: _____ Phone: _____ Estimated Miles: _____

Department Account Number: _____ Number of Passengers: _____

Purpose: _____

Destination: _____

Departure Date: _____ Departure Time: a.m. p.m.

Return Date: _____ Return Time: a.m. p.m.

Driver(s): _____ Faculty Staff
 _____ Faculty Staff
 _____ Faculty Staff
 _____ Faculty Staff

Requestor _____ Date _____ Name of Department Chair, Director, etc. _____

Requestor's Email* _____

CONFIRMATION
 * Requestor will receive an electronic confirmation via email. If you need to cancel your request, contact the Service Call Center at 2-2000 with in 24 hours of scheduled date.

FOR AUTO SHOP USE ONLY - DO NOT WRITE BELOW THIS LINE

W/O #: _____

Vehicle #:

Pick Up		Return		Mileage Reading		Gasoline Gals.	TX DL#	Exp Date	UTA ID#	Driver Signature
Date	Time	Date	Time	Leave	Return					

Vehicle #:

Pick Up		Return		Mileage Reading		Gasoline Gals.	TX DL#	Exp Date	UTA ID#	Driver Signature
Date	Time	Date	Time	Leave	Return					

Vehicle #:

Pick Up		Return		Mileage Reading		Gasoline Gals.	TX DL#	Exp Date	UTA ID#	Driver Signature
Date	Time	Date	Time	Leave	Return					

Vehicle #:

Pick Up		Return		Mileage Reading		Gasoline Gals.	TX DL#	Exp Date	UTA ID#	Driver Signature
Date	Time	Date	Time	Leave	Return					

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.