

ACADEMIC VAN RESERVATION FORM

Please fill out this form and fax it to 4407.

Requester: _____

Extension/E-mail: _____

Organization: _____

Date(s) of Trip: _____

Number of Vans: _____

Time of Departure: _____

Time of Return: _____

Destination: _____

Purpose: _____

Driver's Name(s): _____

Account Number: _____

Notes: _____

If your trip is going over six hours, you must have two drivers.

We will contact you after receiving your fax to confirm your van reservation.

If you have any questions regarding this form please contact Physical Plant at x4500.