THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
VEHICLE RESERVATION
(ALL ITEMS MUST BE COMPLETED)

Requestor's Name: _____   Date: _____

Department Name: _____   Telephone: _____

Oracle Project Name: _____   Speed Chart: _____

NAME(S) OF AUTHORIZED DRIVER(S):

Name: _____   ID#: _____

Name: _____   ID#: _____

Name: _____   ID#: _____

Name: _____   ID#: _____

Name: _____   ID#: _____

Name: _____   ID#: _____

Name: _____   ID#: _____

PERIOD OF LEAVE:

From: Time: _____   Date: _____   To: Time _____   Date: _____

Destination: _____

Type of Vehicle: ☐ Car   ☐ Van

Number of People traveling: _____

Estimated cost from Account Manager/Originator: _____

In requesting the use of **UNIVERSITY** vehicle(s), I agree on behalf of my group or organization to abide by all policies, rules, and regulations governing such use. Furthermore, I certify that **NO UNAUTHORIZED DRIVER(S)** will be driving the requested vehicle(s).

Person making request or responsible official of group or organization.

Signature: _____   Date: _____

Print Name: _____

APPROVAL

Project Manager's Signature: _____   Date: _____

Print Name: _____