

# NORTH CAROLINA CENTRAL UNIVERSITY

## MOTOR FLEET DIVISION

### Vehicle Request and Invoice Form

**Please provide a valid email address. Confirmation of your request will be sent via email**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name) (Department) (Extension) (Email address)

\_\_\_\_\_  
(Destination) (Estimated Mileage – Round Trip) **(MO# Assigned by Travel Office)**

\_\_\_\_\_  
(Purpose of Trip) **(Budget/Fund Account#)**

\_\_\_\_\_  
(# of Passengers) Type of Vehicle (Sedan, 15-passenger Van, Mini-Van)

\_\_\_\_\_  
(Travel Starting Date) (Time of Departure) (Travel Ending Date) (Time of Return)

**(Department Head Signature)**

\_\_\_\_\_  
(Driver's Signature) (Driver's License Number & State)

\_\_\_\_\_  
(Driver's Signature) (Driver's License Number & State)

\_\_\_\_\_  
(Driver's Signature) (Driver's License Number & State)

\_\_\_\_\_  
(Odometer Starting) (Odometer Ending) \*\* (Total Mileage)

**Special Requests** (ex: Step stool, take out seats): \_\_\_\_\_

**Driver comments:** \_\_\_\_\_

\_\_\_\_\_  
\*\*Vehicle# \_\_\_\_\_ \*\*Rate \_\_\_\_\_ \*\*Total Amount \$ \_\_\_\_\_

\_\_\_\_\_  
**Person Receiving Keys**- (Please Print) (Signature)

\_\_\_\_\_  
\*\* (Date Issued) \*\* (Date Returned) \*\* (Invoice #)

\_\_\_\_\_  
(Motor Fleet Coordinator Signature) (Date)

**\*\*\*PLEASE DRIVE CAREFULLY AND WEAR YOUR SEATBELT. THANK YOU.\*\*\***

\* Requests can be submitted either by e-mail or fax (5107) and are processed on a first come, first serve basis.

\* Please allow 2-3 business days for all requests to be processed and confirmation/denial to be sent out.