

CHAPMAN VEHICLE REQUEST FORM

Please email the completed request form to transportation@chapman.edu for review/approval.

This request form must be completed in full before a vehicle can be scheduled.

Date: _____ Department Name: _____

Extension: _____ Contact Person: _____

Please Select One: Vehicle (Van/SUV) Request Shuttle Charter Request *

*Please attach a separate sheet with charter details: pick-up/drop-off locations, times, addresses & any special instructions.

Date(s) Requested:	Departure Time:	# of Vehicle(s):**	# of passengers:	Destination(s):

** Vehicle Options: **Vans/SUV's** - (5) SUVs that seat 7 passengers & 1 driver, (3) express vans w/large cargo area that seat 7 passengers & 1 driver, (1) mid-size SUV with limited cargo space that seats 7 passengers & 1 driver.

Each shuttle holds 20 passengers or 16 passengers plus 2 wheelchairs. All vehicles are first-come, first-serve.

All use of university vehicles must be sponsored by a department on campus and be used for official university business only. Please specify trip purpose: _____

(Driver information not required if requesting a Shuttle Charter. If the shuttle charter is approved, a driver will be provided)

Driver Name :***	Chapman ID #:	Approved? <small>Internal Use Only</small>	Denied? <small>Internal Use Only</small>	Notes: <small>Internal Use Only</small>

*** Must be an authorized driver for the university. Vehicles can be requested prior to drivers being authorized, but approved driver names must be emailed to Parking & Transportation Services **48 hours prior to reservation time**, or the reservation will be cancelled.

Fleet Vehicle Charges: \$15/gallon for gas if not replaced, \$50 cleaning fee (if applicable), & cost to repair any vehicle damage that occurs during the trip.
Shuttle Charter Rate: \$53.65/hour plus the cost of fuel (2-hour minimum required).
 Departments are responsible for processing payment through A/P for any shuttle charter. An invoice will be emailed to the contact person upon completion of the charter.

The following information must be completed by the supervisor responsible for the budget that will be charged for the use of the university vehicle(s). Supervisors cannot approve a vehicle on behalf of themselves.

Department Budget #: _____
 (4 digit department code – 5 digit program code)

Approver Name (please print): _____ Title: _____

Approver Signature: _____ Date: _____

For Internal Use Only: Approved Denied Notes: _____

 Parking & Transportation Approval Signature Date: _____