

# CHAPMAN VEHICLE REQUEST FORM

Please email the completed request form to [transportation@chapman.edu](mailto: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 (Required):** \_\_\_\_\_

*(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: \$53.44/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: \_\_\_\_\_

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

Parking & Transportation Approval Signature