

THE UNIVERSITY OF TEXAS AT DALLAS
Request for Transportation

EXHIBIT F7

te: _____
 From: _____
 Dept: _____
 Ext: _____ MS: _____

Acct No:

Fund No	Org No	Acct Code	Pgm No	Cost Sharing	%
		6322			
		6322			

Number of vehicles: _____
 Dates requested: _____

Circle Type of Vehicles:

Cars: Sedan Station Wagon
 Vans: 8 Pass 15 Pass Cargo

Date and time of pickup: _____ Date and time of return: _____

Purpose or use of vehicle: _____

Destination: _____

Please list all drivers: Transportation Services will consult UTD Driver List for MVR status

DRIVER(s)	MVR* Acceptable	MVR** Not Acceptable	MVR** Not Available

* Motor Vehicle Record
 ** May not drive a UTD vehicle

FOR TRANSPORTATION SERVICES USE ONLY

License No	Mileage	Rental Charges	Fuel Charges	
	Ending _____ Beginning _____ TOTAL	_____ Miles @ \$ _____ Mile = \$ _____ _____ Day(s) @ \$ _____ Day = \$ _____	C. Cards	UTD
	Ending _____ Beginning _____ TOTAL	_____ Miles @ \$ _____ Mile = \$ _____ _____ Day(s) @ \$ _____ Day = \$ _____	C. Cards	UTD

Vehicle condition when picked up:

Vehicle condition when returned:

nature: _____

Signature: _____

TOTAL CHARGES \$
