

This request is to be completed by the faculty or staff responsible for the trip. Requests should be submitted to your Dean's Office prior to travel 10 days in advance if possible. If travel is for a class, all travelers must be enrolled in the class. For use of a state vehicle, attach this approved form.

Class Name: \_\_\_\_\_ Class Number: \_\_\_\_\_

**Faculty/Staff Contact Information**

Name/Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Office Phone: \_\_\_\_\_

State Fleet Reservation ID #: \_\_\_\_\_

**Trip Information**

Name of Function: \_\_\_\_\_

Official state business being conducted: \_\_\_\_\_  
(Purpose for attending function, be specific)

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Start Date/Time of Event: \_\_\_\_\_ End Date/Time of Event: \_\_\_\_\_

Destination: \_\_\_\_\_

Event Address: \_\_\_\_\_

Lodging Facility & Address: \_\_\_\_\_

List of All Potential Drivers: \_\_\_\_\_

*Drivers must possess a valid driver's license issued by a state of the United States; a state of Mexico; or a province of Canada. If the student driver has a license issued by a foreign country other than Mexico or Canada, the proposed driver must also provide a valid and current International Driver's Permit.*

Participants/Passengers: \_\_\_\_\_

*Please note: Only individuals affiliated with an NDUS Institution, who are performing official state business will be considered authorized to be in a state fleet vehicle.*

**Signatures**

I acknowledge the information on this form to be true and complete.

Faculty/Staff Advisor:

Department Head:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Dean's Office:

\_\_\_\_\_  
Dean's Signature (Approval) Date

\_\_\_\_\_  
Dean's Printed Name

Route this completed form to :  
Facilities Management-Motor Pool  
Thorson Maintenance Center  
Phone (701) 231-9619  
Fax (701) 231-8008  
ndsu.motorpool@ndsu.edu  
Office Hours: 7:30am to 4:00pm M-F