

Instructions

1. After calling the Motor Pool office to make a reservation, please complete the following form. **All fields are required.** Print.
2. Dean, Department Head, or Faculty/Staff signature is required as authorization of travel and depletion of funds.
3. Submit to Motor pool by fax at 231-8008, scan and email to ndsu.motorpool@ndsu.edu, or campus mail to Thorson Maintenance, no vehicle will be released until completed form is received.
4. **A completed Motor Pool Reservation Form and approved student travel form (if applicable) must be received before the vehicle is released.**

Regulations & Reservation

- * Vehicles shall be used for official State business or approved NDSU functions. Personal use of State Fleet vehicles is prohibited. State Fleet and NDSU policies and procedures regarding State Fleet travel must be followed.
- * Drivers must possess a valid driver's license and present their license when picking up the vehicle.
- * In the event of an accident the driver is required to complete the "Risk Management Fund Motor Vehicle Accident Report" (SFN51301) found inside packet.
- * State Fleet policy manual located inside packet and online at <http://www.dot.nd.gov/manuals/fleet/fsmanual.pdf>
- * Risk Management coverage information regarding State Fleet vehicle use is online at <http://www.nd.gov/risk/risk-management-fund/vehicle-liability>.

On behalf of NDSU, I request the use of a State Fleet vehicle, which is to be reserved under my name.

Name: _____ Reservation ID: _____

Travel Information: *Tell us about the trip you're planning*

Departure Date: _____ Return Date: _____ Destination: _____

Purpose and official state business or NDSU Function:

Describe in detail _____

Driver Information: *Check all that apply*

- State Fleet Temporary Parking Pass will be needed to park the driver's car in the State Fleet Parking lot.
- If vehicle use involves **STUDENT PASSENGERS** or **STUDENT DRIVERS** (with approval and within the scope of NDSU Policy) a [Request For Authorized Academic Use of State Fleet Vehicles](#) must be **completed** and approved. *Check this box if this form has been submitted to the Academic Dean.*
- NDSU Employee Driver and/or Student Employee Driver** (if student is operating the vehicle **within** the scope of his/her employment)
Name: _____
- All Large Passenger (LP) Drivers:** *An attachment with driver(s) name and copy(s) of LP van training certificate must be submitted with this form. Only certified drivers are eligible to drive.*
Name: _____
- Volunteer Driver:** *A "[Volunteer Request for State Fleet Vehicle](#)" form must be filled out and returned to the Motor Pool. The form is available online, under Facilities Management home page, or at the Motor Pool office. Allow a minimum two (2) weeks for processing.*
Name: _____

Funding & Authorization of Reservation:

Department Name: _____ Dept Contact E-Mail: _____

Department Phone #: _____ Date: _____

Account: _____ Fund: _____ Dept #: _____ Program: _____ Project: _____ % Billed: _____

Account: _____ Fund: _____ Dept #: _____ Program: _____ Project: _____ % Billed: _____

Replacement charges not allowable on federal grant funds.

Route this completed form to :
Facilities Management-Motor Pool
Thorson Maintenance Center

Phone (701) 231-9619
Fax (701) 231-8008
E-Mail: ndsu.motorpool@ndsu.edu

Office Hours: 7:30am to 4:00pm M-F

Signature of Dean, or Department Head, or Faculty/Staff

Note: Signature approves depletion of funds and validates reservation request.

Name of Dean, or Department Head, or Faculty/Staff

Please Print

Accounts Receivable Department Name: _____ Address: _____ Organizational ID#: _____