CORNELL UNIVERSITY
VEHICLE USE AUTHORIZATION REQUEST

1. Requesting Staff Member:_____________________  2. Date of Request:________

3. Requested for: Pick up:______________________________________________
   Day                                Date                           Time
   Return:   ______________________________________________
   Day                                Date                           Time

NOTE: Vehicle keys must be picked up by 4:30 P.M. on Friday for weekend use or the
last regular work day prior to a holiday.

4. Purpose:__________________________________________________________
   __________________________________________________________________

5. Destination:_____________________  6. Estimated Total Mileage________

7. Name of Driver:____________________________________________________
   Driver’s License Number/State________________________________________
   Date of Birth:_____________Driver’s Signature:________________________

8. Request Approved:_____________________________Date:_________________

TRIP INFORMATION (to be completed by driver)

1. Vehicle Pick up:
   A. Mileage Reading:__________________________________________________
   B. Fuel Level:          Full          3/4          1/2          1/4          Empty
   C. Condition Comments:______________________________________________

2. Vehicle Return:
   A. Mileage Reading:__________________________________________________
   B. Fuel Level:          Full          3/4          1/2          1/4          Empty
   C. Condition Comments:______________________________________________
   D. Time and Date of Return:__________________________________________
      Day                         Date                 Time
   E. Signature of Driver:______________________________________________