

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE

PEMBROKE, NC

VEHICLE REQUEST/INVOICE

ALL VEHICLE OCCUPANTS SHALL WEAR SEAT BELTS

DATE

REQUESTING DEPARTMENT / RESPONSIBLE PERSON	ACCOUNT NO. FUND NO.	EST. MILEAGE
PURPOSE OF TRIP	DESTINATION	
(IF APPLICABLE) HOTEL, ADDRESS	RESPONSIBLE PARTY CELL PHONE NUMBER	
NO. OF PASSENGERS	VEHICLE TYPE REQUESTED () SEDAN () MINI VAN () LARGE VAN () SHUTTLE () TRUCK () BUS () BOX TRUCK () GOLF CART	
TRAVEL TO START (DATE-TIME)	TRAVEL TO FINISH (DATE-TIME)	*APPROVAL OF DEPT. HEAD OR AGENT (SIGNATURE)
		*SIGNATURE OF THE APPROVER CERTIFIES THAT THE OPERATOR COMPLIES WITH VEHICLE USE POLICY AND IS AN UNCP EMPLOYEE
DRIVER'S NAME (PRINTED) & *SIGNATURE	DRIVER'S LICENSE NO/STATE	DATE-TIME
_____	_____	START
CDL License # if appropriate _____		ODOMETER
*SIGNATURE OF THE OPERATOR CERTIFIES THAT THE OPERATOR MEETS ALL LEGAL REQUIREMENTS TO DRIVE A MOTOR VEHICLE IN THE STATE OF NORTH CAROLINA		DATE-TIME
DRIVER'S COMMENTS (PLEASE NOTE ANY MECHANICAL OR OTHER PROBLEMS WITH THE USE OF THE VEHICLE.)		FINISH
		RATE
		TOTAL MILES
		VEHICLE NO.
		TOTAL AMOUNT \$
		LICENSE TAG NO.

Photostatic copy of license must be on file with Motor Pool Office.