USC LANCASTER
VEHICLE REQUEST FORM

Reset Form

Print Form

To be used with all requests for USC Lancaster vehicles. This request is subject to approval.

NAME_____ TODAY'S DATE_____

GROUP_____ DATE(S) NEEDED(inclusive)_____

VEHICLE(S) REQUESTED: (number in parentheses refers to maximum passengers)

ANY VEHICLE

*Van reservation requires special driver's training session
**Bus reservation requires certified driver (CDL)

DESTINATION_____

PURPOSE OF TRIP_____

DEPARTURE DATE & TIME_____

RETURN DATE & TIME_____

DRIVER_____ DL #_____ STATE_____

DRIVER_____ DL #_____ STATE_____

DRIVER_____ DL #_____ STATE_____

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VEHICLE IS AVAILABLE_____

VEHICLE IS NOT AVAILABLE____

APPROVALS (Only ONE signature required)**:**

DEAN_____

ACADEMIC DEAN_____

DEAN OF STUDENTS_____

DEPARTMENT HEAD OR MANAGER _____