

## Vehicle Request & Invoice Form

REQUESTING PROGRAM:	TODAY'S DATE:			
CONTACT PERSON:	PHONE:			
EMERGENCY CONTACT PERSON:	PHONE:			
REQUESTED PICK-UP DAY/DATE:	PICK-UP TIME:			
RETURN DAY/DATE:	RETURN TIME:			
DESTINATION/TRAVEL PLAN:	NUMBER OF PASSENGERS:			
TYPE OF VEHICLE REQUESTING:	TYPE OF CARGO			
AUTHORIZED DRIVERS:				
#	FULL NAME	LICENSE#	STATE	EXP DATE
1)				
2)				

ESTIMATED CHARGES: _____ - hrs x _____ rate = \$ _____	CAMPUS CODE/ACCOUNT CODE PAYMENT METHOD:
<small>AUTHORIZED DRIVERS ARE DETERMINED TO BE COMPETENT OPERATORS FOR THIS VEHICLE AND WILL FOLLOW THE CONDITIONS AT <a href="http://www.uhh.hawaii.edu/auxsvc/motorpool/policy.php">www.uhh.hawaii.edu/auxsvc/motorpool/policy.php</a>. I ALSO CERTIFY THERE ARE SUFFICIENT FUNDS TO PAY FOR THIS VEHICLE USAGE.</small>	
APPROVING AUTHORITY SIGNATURE	TYPED NAME
	TITLE

### FOR MOTOR POOL OFFICE USE ONLY

DATE/TIME RECEIVED:	INVOICE NO.:
APPROVED/DISAPPROVED:	ASSIGNED VEHICLE LIC #:
INSTRUCTIONS:	

### FOR BUSINESS OFFICE

<b>PLEASE PREPARE JOURNAL VOUCHER/PAYMENT TRANSFERRING THE FOLLOWING AMOUNTS FROM THE RESPECTIVE ACCOUNT INDICATED ABOVE TO THE VEHICLE MAINT.ACCT.#2-2189_(0701)</b>				
VEHICLE TYPE	ACTUAL HRS. UTILIZED	TOTAL HOURS	RATE P/HR	AMOUNT DUE
Van			\$3.00	
Sedan			\$1.00	
Handi-Van			\$3.00	