

**University of Hawai`i at Hilo
Motor Pool Vehicle Request & Invoice Form**

Today's Date:	
Requesting Program/ Department:	
Contact Person:	
Email:	
Phone #:	
Emergency Contact Person:	
Phone #:	

Travel start Date:	
Travel start Time:	
Travel end Date:	
Travel end Time:	
Number of Passengers:	
Type of Vehicle requesting:	
Destination/ Travel Plan:	
Type of Cargo:	

If you are requesting more than one vehicle for this request, please submit an additional request form for each vehicle.

Authorized Drivers:

#	Full Name	License #	State	Expiration Date
1.				
2.				

I certify authorized drivers are determined to be competent operators for this vehicle and will follow the conditions at www.uhh.hawaii.edu/auxsvc/motorpool/policy.php.

Estimated Charges:

Hourly rates: Sedan \$1.00 Van \$3.00 Handi-Van \$3.00

Hrs	Rate	=	\$	(Total)	Account Code:
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I certify there are sufficient funds to pay for this vehicle usage.

Approving Authority Signature **Print Name** **Title** **Date**

For Motor Pool Office Use Only

Invoice #:	Assigned Vehicle #	Notes:
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