



# WCU Vehicle Requisition Form

Date Prepared: \_\_\_\_\_

**WEX PIN 9281**

For completion and submission instructions see the "Use of WCU Vehicles Procedure".

1. Departure Date/ Time:	2. Return Date/ Time:	3. Destination:
4. Scheduled Vehicle Number:	5. SAP Cost Center # :	6. Purpose of Trip:

7. Driver Certification:

I certify that I have read and understand the WCU Vehicle Use Policy. I agree to adhere to this policy and understand that violation of any aspect of this policy could invalidate the University's insurance coverage for the particular vehicle trip and could result in me being held legally liable to pay any damages suffered by injured parties.

Driver Signature(s): \_\_\_\_\_

Print Driver Name(s): \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

Name of Cost Center: \_\_\_\_\_ Phone Number: \_\_\_\_\_

8. Cost Center Authorizer Email Address: \_\_\_\_\_

Authorization Signature (Vice President or Dean): \_\_\_\_\_

9. Odometer Start:	10. Date Start:	11. Odometer Stop:	12. Date Stop:
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13. List off-campus purchase of gas, oil, etc. (attach credit card receipts.)

Date	Gas	Oil (quarts)	Repairs	Location

14. Comments about Vehicle: \_\_\_\_\_

----- **For Auto Shop Staff Only** -----

	Work Order:
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