

Request for State Car

STATE UNIVERSITY OF NEW YORK AT OSWEGO

Form T-2

Send 3 copies to Facilities, Bldg. #12,
7 working days prior to the trip.

Function # _____ Date : _____

Driver's License Number: _____

Chairperson Approval _____

Please check: Car Van

1. Dates needed: _____ by whom: _____

2. Time: From _____ o'clock, to _____ o'clock

3. Destination: _____

4. Purpose of travel: _____

5. Names of Driver and Riders (NO ONE is permitted to ride unless their name appears below)

1. Driver: _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

	Mileage Reading	Gas Gauge	Time	Date	Place
Departure	_____	_____	_____	_____	_____
Return	_____	_____	_____	_____	_____

Please: List any mechanical difficulties which you think should be checked and any additional car related expenses incurred by the traveler.

Notice: The driver is totally responsible for the care of the vehicle. Should an accident occur, an accident report must accompany the T-2 form and be turned into the Facilities Operations Center, Bldg. #12.

Department copy = goldenrod
Facilities copies = white, yellow & pink
2/09

Signature of Driver