



# Student Association

State University of New York College at Oneonta

## AUTOMOTIVE TRAVEL REQUEST FORM

(This form must be completed and signed before returning to the SA office in the basement of Hunt Union)

Request:  Gas Packet Only # Requested \_\_\_\_\_

# of vehicles:  1 (2 drivers required)  2 (4 drivers required)  3 (4 drivers required)  4 (7 drivers required)  5 (7 drivers required)

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Itinerary: Date\*\*/Time Leaving \_\_\_\_\_ Date/Time Returning \_\_\_\_\_

Title of Event\*: \_\_\_\_\_ City, State\*\*: \_\_\_\_\_ Estimated Mileage: \_\_\_\_\_

\* Attach reason for going along with any other relevant information (conference schedule, flyer, brochure, ...)

\*\* Ten business days requested for all in-region trips. 21 business days required for all out-of-region trips.

Number of members going: \_\_\_\_\_ + advisors going \_\_\_\_\_ = TOTAL: \_\_\_\_\_

### Driver Information (2 drivers are required for 1 vehicle, 4 drivers are required for 2-3 vehicles, 7 drivers are required for 4-5 vehicles)

Only drivers approved by our insurance agency may drive vehicles on SA trips. By signing below, you are indicating your intention of actually going on this trip. All drivers must complete a "License Inquiry Permission Form" to receive approval to drive. Organization must notify the VP of Internal Services of any driver changes.

Driver #1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver #2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver #3 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver #4 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver #5 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver #6 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver #7 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing this form, I attest that the requested usage is in support of a specific club activity. I acknowledge that all passengers are current Oneonta students and/or Advisors, and / or users of the gas packets and GPS systems.

President: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_ Driver's Cleared: #1  #2  #3  #4  #5  #6  #7

This request is: APPROVED DENIED by: \_\_\_\_\_ Date: \_\_\_\_\_

Stipulations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_