



VEHICLE REQUEST FORM

| REQUESTER INFORMATION | |
|-----------------------|-----------------------|
| Employee Name: | Employee Email: |
| Supervisor Name: | Supervisor Email: |
| Dept. Requesting: | Number of Passengers: |

| VEHICLE INFORMATION | | |
|---------------------------------------|-----------------|--------------|
| Date of Use: | Destination: | |
| Type of Vehicle Requested: | Departure Time: | Return Time: |
| Purpose of Request: _____ _____ | | |

- ❖ An incomplete 'Vehicle Request Form' that is **incomplete or denied approval** will be returned to the employee requesting.
- ❖ 'Vehicle Request Form' must be returned to the Facility Department at 101 N. 1st. Ave., Whiteriver, AZ.
- ❖ All supporting documents must be submitted with the Vehicle Request Form.
- ❖ Inquiries regarding transportation may be directed to Elias Walker at (928) 338-2490.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

| OFFICIAL USE | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |
| APPROVAL INFORMATION | |
| Vehicle Assigned: | License Plate #: |
| Facility Staff Signature: | Date: |
| DENIAL INFORMATION | |
| Objective of Denial: _____ | |