

# VEHICLE REQUEST FORM

Request # \_\_\_\_\_

Requesting Officer: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_

#	Start Date [time]	End Date [time]	Purpose	Intended Driver	Vehicle Type
1					
2					
3					
4					
5					

Departmental Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR USE BY FLEET MANAGER ONLY

**Request Approved**      Vehicle Assigned \_\_\_\_\_ Other details \_\_\_\_\_

**Request Not Approved**

Comment(s) \_\_\_\_\_ Date \_\_\_\_\_