



Off-Campus Trips Request for College Vehicle

Date(s) of Trip: _____

(Must be requested 48 hours in advance)

Incomplete Forms Will Be Returned to Unit Head

Part I Requestor _____ Phone # _____
Print Name and Title

Requestor's Signature _____ Today's Date _____

Unit/School _____ Unit Head/Dean _____

Course (if field trip)/Club or Organization _____

Purpose of Trip _____

Destination _____ Date(s) of Trip _____
(City, State)

Departure from _____ (Time _____) Return to _____ (Time _____)

Number of Participants _____

Type of Vehicle Required _____

Other Special Information _____

Part II Driver Information (I have read and fully understand RCNJ's Vehicle Policy and Procedures)

Name _____ Status: _____ Faculty _____ Staff _____ Other (specify) _____

Driver's License #/ State _____

I hereby certify that I have a valid driver's license and it is not presently suspended or revoked and my license is valid in the state of New Jersey.

R Number _____

Driver's Signature _____ Date _____

Part III Unit Head's Approval

I hereby confirm that the information contained in Parts I and/or II above is true and that the trip is within the scope of the faculty or staff member's state employment.

Approved Unit Head _____ Date _____ Approved Advisor _____ Date _____

Part IV For Office Use Only

Approved _____ Disapproved _____ Vehicle Assigned _____

Signed _____ Date _____