

**FASHION INSTITUTE OF TECHNOLOGY
TRANSPORTATION SERVICES REQUISITION
VEHICLE RESERVATION FORM**

Operational Services 212-217-4767; Room CC15D2
(Located inside Bulk Mail Room, CC15D)
FAX # 212-217-4766

Operational Services Initials & Date

Date _____ Department _____ Cost Center _____

*Primary Driver's Name _____ Phone # _____

*Alternate Driver's Name _____ Destination _____

Purpose of trip _____

Departure _____
DATE TIME

Return _____
DATE TIME

PRIMARY Driver Signature

ALTERNATE Driver Signature

PRIMARY Driver (License # & Expiration Date)

ALTERNATE Driver (License # & Expiration Date)

Senior Administrator Print Name

Senior Administrator Signature

AS A COURTESY TO THE NEXT DEPARTMENT USING THE VEHICLE(S) PLEASE CHECK THE FOLLOWING:

- Full tank of gasoline • Interior clean • Vehicle(s) backed into Alumni Hall parking area

**F.I.T. EMPLOYEES ONLY WITH A VALID DRIVER'S LICENSE. New York State Law and F.I.T. requires the use of safety belts.
STUDENTS WILL NOT BE ACCEPTED AS DRIVERS. Driver responsible for all traffic and/or parking violation citations issued to vehicle.*

**FOR USE BY OPERATIONAL SERVICES ONLY
VEHICLE DAMAGE INSPECTION**

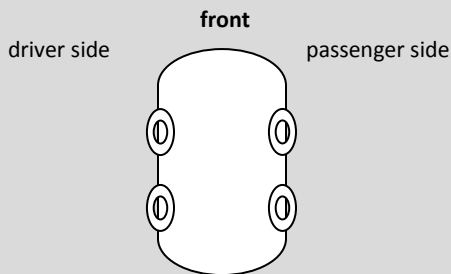
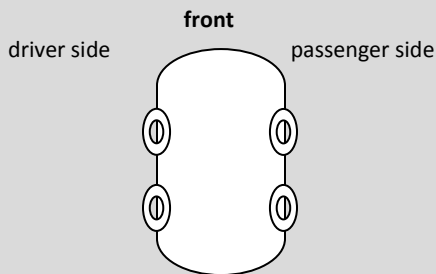
Circle area of damage and/or describe below:

OUTGOING INSPECTION

INCOMING INSPECTION

signature date

signature date



Description of interior damage (if any) and other comments: _____

ODOMETER READINGS

VEHICLE #	OUTGOING	INCOMING	TOTAL MILEAGE	DATE