

JACKSONVILLE STATE UNIVERSITY
UNIVERSITY CONTROL FORM

Submit this this request in duplicate at least three work days prior to date of departure for van trips and seven days prior to bus trips. THIS FORM MUST BE COMPLETED IN FULL:

Vehicle Requested: Van # _____ Bus _____

Date (s) Requested: _____ Destination: _____

Time Vehicle Requested: _____ Anticipated Time of Return: _____

Place of Departure for Bus: _____

Van Driver: _____ (Must be a full time employee of JSU and the only person authorized to obtain the vehicle. The driver must obtain an insurance rider before driving a state vehicle.)

Budget Account # to be charged for use of vehicle: # _____

Requested by: _____
Signature Title Department

Approved by: _____
Budget Manager

ODOMETER READING:

JSU - Beginning of Trip: _____ Date/Time Vehicle left JSU: _____

JSU - End of Trip: _____ Date/Time Dpart on Rtn Trip: _____

TOTAL MILES _____ Date/Time Vehicle Checked In: _____

TRAVELED:
AMOUNT OF GAS, OIL, ETC. PURCHASED (attach copy/ticket): _____

Difficulties encountered during trip:

Remarks (list damages, if any): _____

Signed _____
: Driver Driver's Hours (bus only) Escort (bus only)

FOR OFFICE USE ONLY

Travel Expense of Bus Driver = \$ _____
_____ Miles @ _____ Per mile* = \$ _____
Minimum daily charge, if applicable = \$ _____
Damages to be charged = \$ _____
TOTAL FUNDS TO BE TRANSFERRED TO ACCOUNT #1-000-50- _____ = \$ _____

* \$1.10 per mile/vans, with a \$25/day minimum
* \$1.85 per mile/bus, with a \$1 00/day minimum plus driver's expense