



REQUEST TO RESERVE KSU VAN(S)

DATE: _____ **FROM** _____
 (Department name)

CHART OF ACCOUNTS NO: _____

(Contact person)	phone #	bldg #	room #	bldg. name

APPROVED BY: _____
 Department Head Signature

Number of Vans Reserved	How Many Passengers Per Van	Pick up Time	Pick up Date	Return Time	Return Date	Milage (Estimated)
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PURPOSE OF TRIP _____

DRIVERS LICENSE # _____
 (You must also fax of copy of the license with this request)

After completing all of the above information, please fax to Connie in Plant Operations at x6903. Thank you