

Instructions:

1. Print Travel Request
2. Approved by Dept. Head
3. Taken to Motor Pool for Assignment
4. Driver must present valid State-issued Drivers license to Dispatcher
5. Upon return of car, form completed

**State of North Carolina
Department of Administration
Motor Fleet Management Division
Request for Motor Pool Vehicle
PHONE NO.: 919-733-7776
FAX NO.: 919-715-2678**

print

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MOTOR FLEET MANAGEMENT OFFICE USE ONLY		SPECIAL VEHICLE REQ. Hybrid Cars - \$.25 per mile or minimum \$15.00 per day		TRIP NO.	VEHICLE NO.
		COMPANY.: 1500		FUND NO.: HF01	CENTER NO.:
CREDIT CARDS RETURNED	CHECKED IN BY	DATE AND TIME IN		ODOMETER READING IN	
CREDIT CARDS ISSUED	ASSIGNED BY	DATE AND TIME OUT		ODOMETER READING OUT	
				TOTAL MILES DRIVEN	
				RATE PER MILE	\$
				TOTAL AMOUNT	\$
		SIGNATURE OF DRIVER			

DEPARTMENT DOT - Highway			AGENCY Office of Environmental Quality		
COMPANY.: 1500	FUND NO.: HF01	CENTER NO.:	DRIVER'S NAME: Your First Name Here Your Last Name Here		
DRIVER'S LICENSE: 9999999	TELEPHONE NO.: 919-733-1200	TRAVEL TO BEGIN DATE.: 02/01/2008	TRAVEL TO END DATE: 02/04/2008		
PURPOSE OF TRIP: Your reason for travel here.		Destination: Your desitination here.	ESTIMATED MILEAGE: 10		
I CERTIFY THAT ALL PERMANENTLY ASSIGNED CARS IN MY AGENCY WILL BE IN USE DURING THE PERIOD OF THIS ASSIGNMENT AND I HEREBY APPROVE THIS TRIP.					
APPROVAL OF DEPT. HEAD OR AGENT(SIGNATURE)					
X					

Change Info

Start Over