THE UNIVERSITY OF TEXAS AT DALLAS   EXHIBIT F7
Request for Transportation

_ te: _____

From: _____

Dept: _____

Ext: _____   MS: _____

Acct No:

Fund No	Org No	Acct Code	Pgm No	Cost Sharing	%
		6322			
		6322			

Number of vehicles: _____

Dates requested: _____

Circle Type of Vehicles:

Cars: Sedan   Station Wagon

Vans: 8 Pass   15 Pass   Cargo

Date and time of pickup: _____   Date and time of return: _____

Purpose or use of vehicle: _____

Destination: _____

Please list all drivers: Transportation Services will consult UTD Driver List for MVR status

DRIVER(s)	MVR* Acceptable	MVR** Not Acceptable	MVR** Not Available

*   Motor Vehicle Record
** May not drive a UTD vehicle

****
FOR TRANSPORTATION SERVICES USE ONLY

License No	Mileage	Rental Charges	Fuel Charges	
	Ending _____	_____ Miles @ $ _____ Mile = $ _____	C. Cards	UTD
	Beginning _____ TOTAL	_____ Day(s) @ $ _____ Day = $ _____		
	Ending _____	_____ Miles @ $ _____ Mile = $ _____	C. Cards	UTD
	Beginning _____ TOTAL	_____ Day(s) @ $ _____ Day = $ _____		

Vehicle condition when picked up: Vehicle condition when returned:

_____   _____

_____   _____

nature: _____   Signature: _____

TOTAL CHARGES $