

FASHION INSTITUTE OF TECHNOLOGY
TRANSPORTATION SERVICES REQUISITION
VEHICLE RESERVATION FORM

DO NOT WRITE IN SHADED AREAS
 For Information Call 212-217-4200
 FAX # 212-217-4201

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

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

FOR USE BY OPERATIONAL SERVICES ONLY
VEHICLE DAMAGE INSPECTION

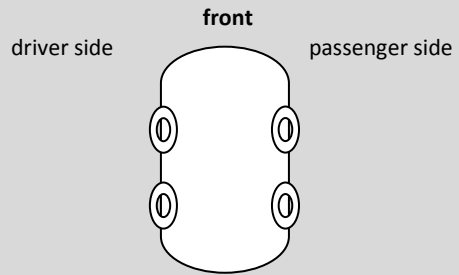
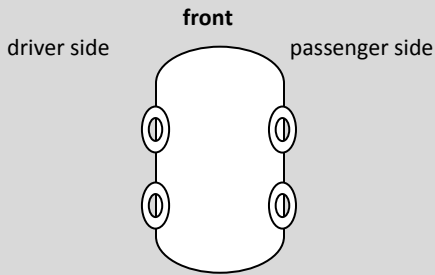
Circle area of damage and/or describe below:

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