



Department of  
Geological Sciences

DEPARTMENT VEHICLE RESERVATION FORM

Vehicle: \_\_\_\_\_ Date: \_\_\_\_\_

Person reserving vehicle: \_\_\_\_\_

Department (if not from Geological Sciences): \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_

Itinerary: \_\_\_\_\_

Driver(s): \_\_\_\_\_

Justification: \_\_\_\_\_

Signature – Person reserving vehicle: \_\_\_\_\_

Signature – Professor (authorizing trip): \* \_\_\_\_\_

Signature – Chair: \*\* \_\_\_\_\_

\* Needed if only students will be using vehicle without the presence of a faculty member

\*\* Needed if only students will be using the vehicle without the presence of a faculty member,  
or if person reserving vehicle is from another department

A list of passengers and waivers should also be provided to the department.