



VIKING UNION RESERVATIONS REQUEST

Western Washington University
Bellingham, WA 98225 M.S. 9106
www.vu.wvu.edu

Phone: (360) 650-3450 Fax: (360) 650-7736

DATE SUBMITTED:

VEHICLE RESERVATION REQUEST:

Pick-up Date/Time (be specific): _____

Return Date/Time (be specific): _____

GROUP/ DEPARTMENT/ AS CLUB	MAIL STOP/ AS CLUB MAIL BOX #
PRIMARY CONTACT NAME	EMAIL ADDRESS
CONTACT PHONE #	DESTINATION

VEHICLE CHOICES: <input type="checkbox"/> SUBURBAN (7 + driver) <input type="checkbox"/> MINIVAN (6 + driver) <input type="checkbox"/> EQUIPMENT TRAILER (OC Only) <input type="checkbox"/> SMALL PICKUP (Operations Only)	<ul style="list-style-type: none"> Special approval required to travel outside of WA, OR, ID, & B.C. Driver orientation and safety is required for all AS vehicle use and purple driver card must be on file with VU Administration Office AS student groups must complete an Expenditure Request for estimated charges and a Vehicle Use Authorization form.
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By signing this agreement, I agree to abide by the Policies & Procedures pertaining found at www.vu.wvu.edu.

SIGNATURE: _____ **DATE:** _____