

Send ~~ALL~~<sup>3</sup> copies to the GARAGE, Bldg.#12  
7 working days prior to the trip.

Function# \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Chairperson Approval \_\_\_\_\_

1. Dates needed: \_\_\_\_\_ by Whom: \_\_\_\_\_

2. Time: From: \_\_\_\_\_ o'clock, to \_\_\_\_\_ o'clock

3. Destination: \_\_\_\_\_

4. Names of Driver and Riders (NO ONE is permitted to ride unless his name appears below:)

1. Driver: \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Mileage Reading

Gas Gauge

Time

Date

Place

Departure \_\_\_\_\_

Return \_\_\_\_\_

Please list any mechanical difficulties which you think should be checked and any additional car related expenses incurred by the traveler.

NOTICE.: The driver is totally responsible for the care of this vehicle. Should an accident occur, an accident report must accompany the T-2 form and be turned into the Maintenance Operations Center, Bldg.#12.