

# Request for State Car

# Form T-2

## STATE UNIVERSITY OF NEW YORK

Send forward to **fmo@oswego.edu**  
7 working days prior to the trip.

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

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

Chairperson Approval: \_\_\_\_\_ Please check:      Car      Van

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

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

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

4. Purpose of travel: \_\_\_\_\_

5. Names of Driver and Riders (NO ONE is permitted to ride unless their name appears below)

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

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

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

	Mileage Reading	Gas Gauge	Time	Date	Place
Departure	_____	_____	_____	_____	_____
Return	_____	_____	_____	_____	_____

**Please:** list any mechanical difficulties that 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 the vehicle. Should an accident occur, an accident report must accompany the T-2 form and be turned into the Facilities Operations Center, Building 12.

\_\_\_\_\_  
Signature of Driver