## REQUEST FOR VEHICLE TRANSPORTATION

### TRANSPORTATION SVCS INTERDEPARTMENTAL BILLING FORM

### SECTION 1: SPEEDCART

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>SPEEDCART</th>
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</thead>
</table>

Please choose if In-state or Out-of-State travel:
- IN STATE: 780101
- OUT OF STATE: 769201

### SECTION 2: DESCRIPTION TO BE ENTERED ON THE IVIV TRANSACTION BY THE IDB DEPARTMENT.

- [ ]

Authorized Signature: [ ]

Print Name: [ ]

Date: [ ]

### Date Requested | Type of Vehicle Requested | Number of Passengers | VID #s | Van Cards
---|---|---|---|---

### Driver's Name

- Driver's PO Box
- Driver's Work Phone
- Driver's Home Phone

**Destination**

- Depart Date [ ]
- Time (circle) AM/PM:
- Return Date [ ]
- Time (circle) AM/PM:

**Purpose of Travel**

**DRIVER'S CERTIFICATION**

The undersigned has read and understands the policies set forth by NAU and the State of Arizona on the PROPER use of State vehicles. I understand that it is my responsibility to ensure compliance of the above mentioned policies. I further sign knowing that State statutes require the possession of a valid operator's license to operate ANY state-owned vehicles, and therefore, certify that I possess the license listed below. I also certify that I have taken and passed the defensive driving training, and have registered as an authorized driver. I possess van certification if required to drive a van.

Driver's Signature: [ ]

AZ Driver's License No.: [ ]

TSC USE: [ ]

### CHARGES

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<tr>
<th>UNITS</th>
<th>RATE</th>
<th>AREA</th>
<th>ORGN</th>
<th>SORG</th>
<th>OBJT</th>
<th>SOBU</th>
<th>DEBIT AMOUNT</th>
<th>CREDIT AMOUNT</th>
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<tbody>
<tr>
<td>Miles Traveled (miles)</td>
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<td>Driver's Time (hours)</td>
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<td>Daily Use Fee (days)</td>
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<td>Other Fees</td>
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ODOMETER TOTALS:

Mail to NAU Biology box # -> 5 6 4 0

II # ___________ PHR ___________

Original copy - transportation services
Phone: 2469 box: 6016

NAU Creative Communications/G4446/5007-01