



School/Department of:

Subject code:

Student Name:

Phone:

Campus:

STUDENT VEHICLE REQUISITION FORM

Vehicle size	Date depart	Time depart	Date return	Time return	Destination	Number of passengers	Driver's Name	Driver's Licence No.

Reason for use:
.....

Notes:

- 1 All pick ups for QUT vehicles to be made during office hours
- 2 Number of passengers should not include the driver
- 3 Lecturer-in-charge / Supervisor
- 4 All drivers require appropriate licence, to be presented on collection of the vehicle

Cost Centre Account Code: - -6407- -2-0-1

Supervisor: name: _____
signature: _____
phone: _____
email: _____
position: _____

Head of School: name: _____
signature: _____
date: _____

This form should be faxed to 3138 0478

CAMPUS SERVICES USE ONLY

Confirmed by:

Date:

Copy Sent to Department / Faculty