## STUDENT VEHICLE REQUISITION FORM

<table>
<thead>
<tr>
<th>Vehiclesize</th>
<th>Datedept</th>
<th>Timedept</th>
<th>Datereturn</th>
<th>Timereturn</th>
<th>Destination</th>
<th>Number of passengers</th>
<th>Driver's Name</th>
<th>Driver's Licence No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

□□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□

### Supervisor:

- name: __________________________
- signature: _____________________
- phone: ________________________
- email: _________________________
- position: ______________________

### Head of School:

- name: __________________________
- signature: _____________________
- date: _________________________

This form should be emailed to qut.fleet_bookings@qut.edu.au

---

**CAMPUS SERVICES USE ONLY**

Confirmed by: __________________________ Date: ________________

□ Copy Sent to Department /Faculty