SHARED VEHICLE POOLING PROGRAM SIGN-UP

Manual of Business Procedures – Vehicle and Transportation Services

Section 245 | I. Licensed Motor Vehicle Policy | C: Ownership

POLICY STATEMENT:	
ear must be enrolled in the Shared Vehi	r leased or owned vehicle driven less than 2,000 miles cle Pooling Program to minimize cost, increase utilizat this program will be shared among employees and tails complement each other.
REQUESTOR:	
Name:	Phone:
Department Name:	Email:
USAGE DETAILS: Where is your primary location?	
Please describe days/times needed a	

V. SIGNATURES:	
Requestor Signature:	Date:
Dean, Director, or Head of the Department Signature:	Date:
Submit the completed form to Transportation Services via email at you have any questions regarding the form, please call 517-353-52	
. APPROVAL/DENIAL	
☐APPROVED ☐DENIED	
Reviewed by:	Date:
Transportation Manager Signature:	Date:
I. REQUESTOR NOTIFICATION	
The requestor will be notified of the final decision via email from the Manager.	ne Transportation Services
Date Notified:	Group:

Shared Vehicle Pooling Program Enrollment