

Avoid last-minute requests, as there is no guarantee your preferred vehicle will be available.

Driver name: _____ UIN: _____

If student--supervisor: _____ *** Submit completed form to nres@illinois.edu ***

Campus policy prohibits all use of mobile electronic devices (including hands-free) while driving

VEHICLE #1

Vehicle type: _____

Vehicle pick-up: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

Vehicle return: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

NOTE: Pick-up times are 6:30 AM–9:00 PM M–F; 6:00 AM–1:00 PM SA–SU. **CLOSED ON HOLIDAYS.**
Dropbox available for after-hours return, but additional fees may apply.

Number of people traveling _____

Account number			
Fund	Organization	Program	Activity (optional)

Destination (city and state): _____

Reason for trip: _____

Enter name(s) of additional driver(s): _____

ALL DRIVERS MUST GO TO CARPOOL PRIOR TO PICK-UP TO PROVIDE VALID DRIVER'S LICENSE & COMPLETE NECESSARY PAPERWORK

VEHICLE #2

Vehicle type: _____

Vehicle pick-up: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

Vehicle return: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

Number of people traveling _____

Account number			
Fund	Organization	Program	Activity (optional)

Destination (city and state): _____

Reason for trip: _____

Enter name(s) of additional driver(s): _____

VEHICLE #3

Vehicle type: _____

Vehicle pick-up: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

Vehicle return: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

Number of people traveling _____

Account number			
Fund	Organization	Program	Activity (optional)

Destination (city and state): _____

Reason for trip: _____

Enter name(s) of additional driver(s): _____