



UNIVERSITY OF
SOUTHERN MAINE

Facilities Management

REQUISITION FOR MOTOR VEHICLE

Date: _____

MOTOR POOL
Office Hours 8 a.m. – 4:30 p.m. Daily

Dept. ID #: _____ Account: _____ Class: _____ Fund: _____
Program: _____ Project: _____ Operating Unit: _____

Contact Person: _____ Phone No. _____

Date & Time Needed	Van or Car	Vehicle Drivers: list all	Destination	Date & Time Return	Drivers Lic.#	Exp. Date

**Please refer to the APL Section II-B on the USM website
for rules and regulations.**