****

**Campus Motor Vehicle Request Form (Strathfield)**

To ensure that your booking request for campus vehicle is dealt with promptly, please ***complete and*** ***attach this document together with a copy of your driving license to your Servicedesk request and send to*** servicedesk@acu.edu.au.

|  |  |
| --- | --- |
| **Hirer’s Name:** ***(person booking the vehicle)*** |  |
|  |
| **Department and Cost Centre:** |  |
|  |  |
| **Hirer’s Drivers Licence Number and Expiry Date:** |  |
|  |
| **Date Required:** | **Start:** |  | **Finish:** |  |
|  |
| **Time Required:** | **Start:** |  | **Finish:** |  |

*Conditions of use*

* *Employees must hold a current and valid driver’s license.*
* *Smoking is not permitted in Campus vehicles and vehicles must be returned in a clean and tidy condition*
* *In the event of an accident all particulars are to be noted, an insurance claim form is to be completed, Campus Operations is to be notified and the completed insurance claim form is to be returned to Campus Operations as soon as practicable*
* *If the car is unable to be driven after an accident then the car should be towed to the nearest repairer. The driver may then organise a replacement vehicle, with costs to be recharged to School or Department*
* *In the event of a flat tyre or broken windscreen, these can be repaired and charged the Fleet Card (Windscreen O,Brien, call 131616).*
* *Where a vehicle is involved in an accident, the hiring faculty/department will be liable for the payment of the insurance excess.*
* *If carrying goods ensure that a cover is used as to protect the interior of the vehicle.*
* *The driver will personally be liable for all driving, parking and any type of infringements committed while driving the Campus vehicle.*
* *When purchasing fuel the driver must provide an accurate odometer reading and transaction receipts to be supplied to Campus Operations.*
* *Vehicle must be returned with a full tank of fuel using the Fleetcard provided.*
* *Drivers must complete the logbook and clearly print name, odometer reading, times departure/arrival and business purpose and location visited.*
* *Vehicles are not to be kept overnight unless prior arrangements and approvals are obtained in writing from your Head of School or Department.*
* *Keys and log book are to collected and returned to reception.*

*I agree to the conditions of use:*

|  |
| --- |
| **Name** |
| **Signature** | **Position** |
| **Date** |

 ***Department Approval***

|  |
| --- |
| **Name** |
| **Signature** | **Position** |
| **Date** |

******

***Request for overnight use must be authorised by the Manager of Campus Operations***

|  |
| --- |
| **Reason for use** |
| **Signed by Campus Manager** |
| **Date** |
| **Car Registration Number** |

|  |
| --- |
| *For Internal Use Only:* |
| *Total Kms \_\_\_\_\_ x 0.70 \_\_\_\_\_ (Minimum $20.00)* |
| *Account Code 7860/\_\_\_\_/\_\_\_\_\_\_\_* |