 Pitzer tree tiny **Authorization for Van Use**

E-mail: [cec\_staff@pitzer.edu](mailto:cec_staff@pitzer.edu) • Tel: (909) 607-8183 • Fax: (909) 607-8758

Please complete this form in its entirety and submit to your Fellow or the Assistant Director for authorization. It is recommended you submit this form at least 3 business days in advance of the day you need the van. Once authorized, you should submit this completed form with your van request using the van reservation system. This form can also be downloaded from our website <http://www.pitzer.edu/offices/cec/resources/resources-forms.asp>

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College:** \_\_\_\_\_\_\_**Year:** FR**\_** SO**\_** JR**\_** SR\_

**Choose One:** Class-Based Internship Volunteer Work-Study

**For Class Based Internship: Prof**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization / Internship Site**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location/City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day/ Times Using Van** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

**# of Passengers**\_\_\_\_\_ **Passenger Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a Pitzer Authorized Driver**?\_\_\_\_\_\_\_\_

**You MUST complete and submit your** [**Student Intake form**](http://pitweb.pitzer.edu/cec/forms/) **to CEC for this semester to use a van; check if completed:** \_\_\_\_\_\_\_\_

***\*\* TO BE COMPLETED BY CEC STAFF MEMBER. VOID UNLESS SIGNED BY CEC AUTHORIZED REPRESENTATIVE \*\****

**CEC Authorization Up To $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Account:** FD100, CC61610, Spend Category: Participant Travel S0239.

**Authorized CEC Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed CEC Staff Authorizer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_