Driver Authorization and Payment Approval
(Student Organization Use of Northwestern University Vehicles)
Only group officers signed in with SOFO may submit this form to SOFO

This completed form must be submitted to Motor Pool at least 24 hours before vehicle is needed.
Fax to (847) 467-2188 or Email to motor-pool@northwestern.edu

Student Organization: ____________________________ SOFO Acct#: ____________________________

Rental Dates ____________________ Destination (City/State) ________________________________

Purpose of Trip _______________________________

Vehicle Information:

<table>
<thead>
<tr>
<th>Vehicle Type</th>
<th>Deductible</th>
<th>Rate</th>
<th>Period</th>
<th>Rental Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$ ________</td>
<td>$ ________</td>
<td>x ___ days</td>
<td>$ __________</td>
</tr>
<tr>
<td>2.</td>
<td>$ ________</td>
<td>$ ________</td>
<td>x ___ days</td>
<td>$ __________</td>
</tr>
<tr>
<td>3.</td>
<td>$ ________</td>
<td>$ ________</td>
<td>x ___ days</td>
<td>$ __________</td>
</tr>
<tr>
<td>4.</td>
<td>$ ________</td>
<td>$ ________</td>
<td>x ___ days</td>
<td>$ __________</td>
</tr>
<tr>
<td>5.</td>
<td>$ ________</td>
<td>$ ________</td>
<td>x ___ days</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

Total Deductible: $ __________ Total Rental: $ __________

As the student officers authorized to represent our organization in these matters, we confirm that the requested vehicles will be used only within the scope of a legitimate organization-sponsored program, in accordance with Northwestern University’s Vehicle Policy, and that the student driver(s) listed on page 2 have completed the drivers training course conducted by the Office of Risk Management. The driver(s) is(are) member(s) of the named student organization affiliated with the University and has/have permission to proceed with reservation # __________.

We approve the rental agreement with Motor Pool for an amount not to exceed ______________________, to be paid through the NU Financials system from chartstring:

---
FUND DEPARTMENT PROJECT ACTIVITY ACCOUNT
---
7 5 6 3 0
---

President’s Signature / Date ____________________________________________
Treasurer’s Signature / Date ____________________________________________
Advisor’s Signature / Date ____________________________________________

Executive Director of Campus Life Signature* ____________________________ Date ____________________________

*Travel over a 150-mile radius from the Evanston campus of Northwestern University during the week (or 300 miles with an overnight stay on weekends) requires the Executive Director’s approval.

FOR SOFO USE ONLY

The SOFO account above was verified for an amount of up to $ __________ on ___/___/_____.

☐ Fly & Drive (Graduate Students Only)

________________________________________
SOFO Accounting Assistant/Manager

Page 1 of 2

Rev 02/17/2017 fhz
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Only students who have completed the university’s Defensive Driving Course may drive the rented vehicles. Each certified driver must be listed below; verified on the Risk Management website; and approved by the group’s advisor before the form is submitted to SOFO. Advisors can verify the status of Northwestern University Certified Drivers at http://www.northwestern.edu/risk/services/university-vehicle-use/approved-drivers/index.html.

Driver 1
Name______________________________________________________Advisor approval: _______________________
License No._________________________________ Issuing State ________ Exp. Date ____________
E-mail Address ___________________________________________ Phone _____________________________

Driver 2
Name______________________________________________________Advisor approval: _______________________
License No._________________________________ Issuing State ________ Exp. Date ____________
E-mail Address ___________________________________________ Phone _____________________________

Driver 3
Name______________________________________________________Advisor approval: _______________________
License No._________________________________ Issuing State ________ Exp. Date ____________
E-mail Address ___________________________________________ Phone _____________________________

Driver 4
Name______________________________________________________Advisor approval: _______________________
License No._________________________________ Issuing State ________ Exp. Date ____________
E-mail Address ___________________________________________ Phone _____________________________

Driver 5
Name______________________________________________________Advisor approval: _______________________
License No._________________________________ Issuing State ________ Exp. Date ____________
E-mail Address ___________________________________________ Phone _____________________________

The University Vehicle policy is available at http://www.northwestern.edu/risk/policies/university-vehicle/index.html#operational.