



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Vehicle Fleet Management Golf Cart Request Form	
Requesting Department	
Approved Driver (Must be approved by Risk Management, before checking out cart)	
Date of Request	Rental Period
	a.m./p.m. To a.m./p.m.
<p>I certify that I have read Golf Cart Policy 10.9 and will comply with all provisions of this policy. I understand that if I violate the terms of the policy I may lose the right to operate the golf cart and/or be subject to discipline, up to and including termination.</p>	
_____ Driver's Signature	_____ Date
_____ Department Head Signature	_____ Date
<p>Please submit completed form via email to: FleetElp@ttuhsc.edu</p> <p>For further assistance, please contact us at: (915) 215-4296</p>	