

Pre-authorization for UCAR

Failure to fill out this form ***prior*** to the expense being incurred may potentially result in denial of reimbursement. Approval must be at least three days prior to purchase.

Today's date: _____

Name (Team or group): _____

Contact person for the team: _____

Contact's email address: _____

Purpose of UCAR rental: _____

Date and time of car pickup: _____

Date and time of car return: _____

Destination: _____

Company: UW 1861 WorkTag assigned: _____ (Filled by department)

Driver of car: _____

Has the driver completed the online UCAR training? Yes or No The training must be completed by the driver prior to the trip.

Number of people who will be in the car: _____

* Send this form to your faculty advisor for approval/signature. Faculty advisor signs and sends to Kelly Foong (kellyn@uw.edu)

Signature: _____ Date: _____

*Faculty Advisor INFORMS/**Chaoyue**, HFES/**Ji-Eun**. Capstone, IISE & APM/**Patty**

Signature: _____ Date: _____

Kelly Foong