

Facilities Operations

APPALACHIAN STATE UNIVERSITY®

Motor Pool

Add New User

☐

Update Existing User

☐

Inactivate User

☐

Requestor Name _____ E-Mail _____@appstate.edu

Department _____ Contact Phone _____

Department Head _____ Title _____

Please fill out the following information. For assistance call 262-3190. Email to group-aim@appstate.edu

This form must be submitted even if the Requestor is already an AiM User

The following Funding Codes may be used by this person for submitting Motor Pool Rental Requests

Funding Code	Description

☐ I am authorizing this person to enter Motor Pool Rental Requests for my department and will notify group-aim@appstate.edu if the person should be inactivated or if there are Funding Codes to be added or deleted.

☐ I am aware that an approved ASU Travel Authorization must be on file in my department for each trip.

Department Head

Approval Signature _____ Date _____