

Vehicle Rental Request Form

PO# _____

Part I. (Vehicle Information)

Reference # _____

Type of Vehicle(s) Needed _____ # Passengers _____ Cargo Area Needed _____

PICK-UP DATE _____ Time _____ Return Date _____ Time _____

Destination _____ Approx. Miles _____

Special Instructions: _____

(There is a \$50.00 hr. Late Fee upon Return for an Enterprise Rental.)

Part II. (Organizations Information)

Department or Student Organization _____

Account Name _____ Account # _____

Contact Person _____ Telephone # _____

Type of Passengers (Circle): FACULTY STAFF STUDENT WORKERS STUDENTS OTHER: _____

Purpose of Travel _____

Part III. (Drivers' Information)

Driver #1 Name _____ Phone # _____

Driver's License # _____ Expiration Date _____

Date of Birth _____ Social Security # _____

Driver #2 Name _____ Phone # _____

Driver's License # _____ Expiration Date _____

Date of Birth _____ Social Security # _____

Driver #3 Name _____ Phone # _____

Driver's License # _____ Expiration Date _____

Date of Birth _____ Social Security # _____

Part IV. Insurance

Personal Accident Insurance: \$3.00/day

Collision Damage Waiver: Luxury car: \$16.99/day All others: \$9.99/day

*Faculty/Staff taking Students on Field Trips, Recreation Trips, Campus Rec., etc. **MUST** purchase PAI.

*All other groups are encouraged to purchase both insurances, but it is not required.

Part V. Estimate & Reservation

(To be completed by Transportation Services)

_____ per day x _____ days = _____

_____ per week x _____ week = _____

Free Miles _____

_____ Remaining Miles x _____ cents/mile = _____

Insurance Cost = _____

Total Estimate = _____

Scheduled w/ _____

Sched. Date _____

Vehicle # _____