

Request# _____
Trip Ticket# _____

VEHICLE RESERVATION FORM

ENTERPRISE RENTAL _____ SIUE RENTAL _____

Part I. (Contact/Driver Information)

DATE REQUESTED _____
REQUESTED BY _____
TELEPHONE # _____
EMAIL ADDRESS _____
DRIVER # 1 _____ DRIVER # 2 _____

A **DRIVER APPROVAL FORM MUST be completed, approved and on file prior to use of a University Vehicle.*

Part II. (Billing Information)

DEPARTMENT OR STUDENT ORGANIZATION _____
ACCOUNT NAME _____ ACCOUNT# _____
(BUDGET PURPOSE)
FUEL CARD NEEDED YES NO

Part III. (Vehicle Information)

VEHICLE TYPE _____ (CAR, MINIVAN, MINIBUS)
#PASSENGERS _____
TYPE OF PASSENGERS (CHECK BOX) FACULTY STAFF STUDENT WORKERS STUDENTS

Part IV. (Trip Information)

DESTINATION _____ APPROX. MILES _____
PICKUP DATE/TIME _____ : _____ am pm
RETURN DATE/TIME _____ : _____ am pm

Comments:

