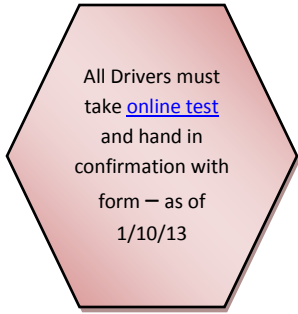


date faxed _____

transportation rental# _____



UNIVERSITY TRANSPORTATION SERVICES Rental Form

3141 READING ROAD
(Hours of Operation 730a-4p M-F)
PHONE: 556-4424
FAX: 556-5173

DATE: _____

(Please Print)

GROUP FULL NAME: _____

REQUESTER NAME: _____ PHONE: _____

ACCOUNT NUMBER (Office Use Only): _____

NOTE:

University Transportation Services: Earliest pick up and return time 8:00am

Latest pick up and return time 3:30pm M-F

***After Hours and Weekend Vehicle Return to Enterprise Rent-A-Car (2820 Gilbert Avenue)**

(All Vehicle Rental Agreements Must be Turned in Within the Required Timeframe set by Office Administrator)

DATE OF VEHICLE PICK-UP: _____ TIME: _____

*Rental Location: UC Transportation Enterprise Rent-A-Car

DATE OF VEHICLE RETURN: _____ TIME: _____

*Rental Location: UC Transportation Enterprise Rent-A-Car

Check box for early pick up between 3pm-3:45pm _____ (driver's initials)

NOTE: Vehicle must be parked until travel day. A \$25 fee will be assessed.

DATE / TIME TRAVEL TO DESTINATION BEGINS: ____/____ (month/date) ____:____ PM ____/AM ____

TRIP DESTINATION: _____
(City and State)

DRIVER NAME(S): _____

(Must be over 21 & have)

taken Driver's Quiz. See [link](#).) _____

NUMBER OF PEOPLE TRAVELING: _____



TYPE OF VEHICLE: (**note how many of each**) NOTE: must be 21 yrs of

*Check SUV Size:

Car _____ compact midsize full size SUV _____ Sm (4 max) Med (5 max) Lrg

Mini Van _____ (6 riders max) Truck _____ 12 passenger _____ (10 riders max) 15 passenger _____ (12 riders max)

(Passenger Vans cannot be operated in Canada)

*Motor Coach Bus _____ *Trailer _____ *School bus _____ *Mini shuttle _____ (Transportation II Form must also be filled out and faxed for the (*) vehicles)

Print: _____ Signature: _____

ADVISOR'S NAME

Print: _____ Signature: _____

SALD ADMINISTRATOR circle one: UFB AIC SGA SAB Nightwalk ClubSports Fraternity/Sorority

other: _____ Phone Number _____