

VEHICLE REQUEST FORM

Read this first:

- We can only make tentative holds for vehicles by phone.
- Requests made less than two business days before the vehicle pickup date are subject to a \$50 late fee.
- This document must be <u>fully</u> completed and returned before any reservation is confirmed.
- There will be a vehicle daily minimum charge for cancellations done less than 2 business days before the trip.
- All drivers must be approved by the transportation department.
- All drivers must have a current (less than a year old) MVR on file with the transportation department.

 I have read and agree to the above statements. Please initial:

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Department/Organiza	ion:	Date submitted (Today's date):
Name & Title of Pers	on requesting reserv	vation:
Contact phone numb	er: Office:	Cell (required):
Faculty/sponsor goir	ng on the trip:	Cell:
IDC # to Charge:		Credit Card:
Number of people tra	veling:	
Preference of vehicle	Large van (12 pass Minibus (15 passer Pickup truck: Trailer: 4'x6'	gers including driver): How Many Sengers including driver): How Many How Many How Many Sengers including driver): How Many Sengers including driver): Car trailer
Vehicle(s) pick up: D	ate:	Time:
Vehicle(s) Return: Date:		Time:
Destination:		
		ase attach it to an email and email it to trans@andrews.edu
		#: Fuel:
		Labor:
	Other Ch	narges: Grand Total:
		Comments:
Ending Mileage:		
Beginning Mileage:		-
Total Miles Driven		