

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT ENTERPRISE CAR RENTAL REQUEST FORM

PO # _____

Name: _____ Date: _____

Campus/Dept: _____ Phone: _____

Email: _____

Purpose of Travel: _____

Destination: _____

Source of Funds: Budget Number _____

Activity Account _____

Vehicle Pick-up Location:

Vehicle Drop-off Location

Pick-up Date:

Pick-up Time:

Return Date:

Return Time:

Total Number of Vehicles Requested: _____

Total Number of Adults: _____ Total Number of Students: _____

Vehicle Type (check one of the following)

15 Passenger Vans are not allowed.

- Economy Compact Intermediate Standard Full-size
 SUV Large SUV

Requestor Signature: _____

Principal/Director Signature: _____

Only Friendswood I.S.D. Employees are allowed to drive the vehicles.

Pick up in Friendswood: Please return form to Tracey Bradshaw/Transportation
Pick up out of town: Please return to Carol Blain/Admin-Purchasing Department