

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT VEHICLE RENTAL REQUEST FORM

PO #: _____

Vendor: _____

Name: _____

Phone: _____

Campus/Dept.: _____

Email: _____

Today's date: _____

Purpose of Travel: _____

Destination: _____

Total Number of Students: _____

Total Number of Adults: _____

Vehicle Pick-up Location:

Vehicle Drop-off Location

Pick-up Date:

Pick-up Time:

Return Date:

Return Time:

Number of Vehicles Requested: _____

Vehicle Type:

(15 Passenger Vans are not allowed.)

- Economy Compact Intermediate Standard Full-size
 SUV Large SUV

Budget: Account# _____ E _____

Requestor's Signature

Budget Manager's Signature

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

Picking up vehicle in **Friendswood/Houston?**

Please return form to **Monica Golden in Transportation** mgolden@fisd12.net

Picking up vehicle **out of town?**

Please return form to **Carol Blain in Admin-Purchasing** cblain@fisd12.net