

Capital University

Vehicle Reservation Form

Name _____

Department _____ Budget # _____

Phone Number : _____ Wk. Hm. Cell

Reserve: VAN or CAR (circle one)

Date Requested: _____

Time Vehicle Out _____

Time Vehicle will be returned _____

Signature of Authorizing Faculty / Staff / Advisor, **Requesting** a Fleet Vehicle Reservation Date

Please use a separate "Vehicle Reservation Form" for each vehicle requested.
If interested in reserving vehicles for the same event, day, and time, please submit a separate "Vehicle Reservation Form" for **each** vehicle.

Signature of person **submitting** form. (If same as the Requester above please write "same") Date

Official Use Only

A vehicle is reserved for the date and time listed above.

Signature of DPS personnel reserving vehicle Date