VEHICLE REQUEST FORM SCHOOL OF SCIENCE

If you would like to use a Penn State fleet or Enterprise vehicle, please return this completed form to Talia Finotti in the School of Science office ASAP, but no less than **two weeks before** the vehicle is needed.

NAME:		TODAY'S DATE:
PHONE:		EMAIL:
REASON FOR REC	QUEST:	
REQUESTED PICK	UP DATE:	REQUESTED RETURN DATE:
TIME NEEDED: _		TIME OF RETURN:
TYPE OF VEHICLE	REQUESTED: (Check one	·)
Fleet Car	Fleet 7 Pa	assenger Minivan
(Please note: If yo		e 7 Passenger MinivanEnterprise 15 Passenger Van vehicle and need to cancel it, Enterprise requires a phone call prior your budget is charged.)
DESTINATION:		
DATE:	FROM:	TO:
DATE:	FROM:	TO:
(Depending on th rather than a flee	e number of miles you wi	VILL BE TRAVELING (Round trip): ill be traveling, it may be more cost effective to use Enterprise Ves No
BUDGET CHARGE	D: Sch	hool: Scholarly Activity: Grant: Other:
SIGNATURE:		
OFFICE USE ONLY	/ :	
Date vehicle rese	rvation made:	Date of vehicle delivery:
Reservation made	e by:	Date of vehicle pick-up: