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PACIFIC UNIVERSITY VEHICLE RESERVATION REQUEST & BILLING FORM

INSTRUCTIONS:

TOTAL CHARGES

- 1. <u>Location of Vehicle Reservations Forms:</u> Facilities Management Office or University Webpage/Facilities Mgmt.
- 2. Reservations: Call Ext. 2799 concerning availability of vehicles.
- 3. Request Form: Complete departmental section of form and return to the Facilities Office or fax it to 503-352-2974. At the end of each month, the Facilities Office will forward a billing copy to the department secretary.
- 4. <u>Confirmation of reservation:</u> Only a COMPLETED vehicle reservation form RECEIVED by the Facilities Office confirms your reservation.
- 5. <u>Issuance of Kevs:</u> Pick up packets with keys, gasoline credit card and trip record cards at the Facilities Management Office open <u>Monday thru Friday between 7:00AM to 4:00PM.</u> For departure at times other than during working hours, pick up keys before the close of business prior to departure. Upon return, the packets with credit card, keys, trip record card and fuel receipts should be deposited in the Motor Pool drop box at 2352 Sunset Drive.

EMPLOYEE (Chec	ck One of the Boxes)					
· · · · · · · · · · · · · · · · · · ·	Phone / Cell phone or Ex	tension of Driver or	Supervisor of trip			
Van, 15-seat Bus, Pickup/ # Occupants	Destination: City		State			
	Name of Department/Group/Class					
AM PM Circle One	Day of Week	Date	Date (Month/Day/Year)			
AM PM Circle One	Day of Week	Date	(Month/Day/Year)			
	U.C. Box No .	Signature of Budget	Authority			
	Credit Card No Trip Record Card No					
Return I	Mileage	Total Mileage				
		(-)				
	Van, 15-seat Bus, Pickup/ # Occupants AM PM Circle OneAM PM Circle One DO NOT V Motor Pool Key Return	Phone / Cell phone or Ex / Van, 15-seat Bus, Pickup/ # Occupants Destination: City Name of Department/Gro AM PM Circle One Day of Week U.C. Box No . DO NOT WRITE BELOW THIS LIN Credit Card No. Motor Pool Key Return Mileage Drivers	Phone / Cell phone or Extension of Driver or Van, 15-seat Bus, Pickup/ # Occupants Destination: City Name of Department/Group/Class AM PM Circle One Day of Week Date U.C. Box No . Signature of Budget DO NOT WRITE BELOW THIS LINE Credit Card No. Motor Pool Key Trip Record Card No. Return Mileage Driver(s)			

Date Submitted: