PACIFIC UNIVERSITY
VEHICLE RESERVATION REQUEST & BILLING FORM

INSTRUCTIONS:
1. **Location of Vehicle Reservations Forms:** 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. **Confirmation of reservation:** Only a COMPLETED vehicle reservation form RECEIVED by the Facilities Office confirms your reservation.
5. **Issuance of Keys:** Pick up packets with keys, gasoline credit card and trip record cards at the Facilities Management Office open Monday thru Friday between 8:00AM to 4:30PM. **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.

☐ STUDENT ☐ EMPLOYEE  (Check One of the Boxes)

Driver's Name __________________________ Phone / Cell phone or Extension of Driver or Supervisor of trip __________________
Cargo, Car, Minivan, 12-seat Van, 15-seat Bus, Pickup/ # Occupants __________________________

Destination: City __________________________ State __________________________

Type of Function __________________________ Name of Group/Department __________________________

AM PM Circle One
Time of Departure __________________________ Day of Week __________________________ Date (Month/Day/Year) __________________________

AM PM Circle One
Time of Return __________________________ Day of Week __________________________ Date (Month/Day/Year) __________________________

Department Budget No. __________________________ U.C. Box No. __________________________ Signature of Budget Authority __________________________

DO NOT WRITE BELOW THIS LINE

Vehicle No. __________________________ Credit Card No. __________________________
Trailer Key No. __________________________ Motor Pool Key __________________________ Trip Record Card No. __________________________

BILLING:
Departure Mileage ________ Return Mileage ________ Total Mileage ________
Rate __________________________
Mileage Charges __________________________
Misc. Charges __________________________

(Charges may include: Cleaning fees, not re-fueling, not completing Trip Card, damage due to accident, etc. (See Motor Pool Policy and Procedures)

Driver(s) __________________________ __________________________ __________________________
Total Occupants ________ Drive Hour ________

Date Submitted: __________________________