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 Department/Group/Class _____

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

Time of Return _____ AM PM *Circle One* 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)

TOTAL CHARGES _____

Driver(s)

_____

_____

_____

_____

Total Occupants_____Drive Hour_____

Date Submitted: