

CLARK COUNTY SCHOOL DISTRICT VEHICLE RENTAL REQUEST FORM

Name: _____ Email: _____
 Location: _____ Phone: _____
 Signature: _____ Date: _____
 Purpose of Travel: _____

Please complete all of the following applicable information: *(This form will not be processed without the budget information)*

Business Area	GL Account	Cost Center	WBS Element	Internal Order	Fund	Functional Area						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Check One:</td> </tr> <tr> <td style="width: 50%;">5580000000</td> <td style="width: 50%;"></td> </tr> <tr> <td>5519000000</td> <td></td> </tr> </table>	Check One:		5580000000		5519000000						
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Vehicle Rental Company Accounting/Purchasing Use Only

Enterprise Advantage Hertz

Vehicle Pick-up Location:

Vehicle Drop-off Location:

Pick-up Date:

Day	Month	Year

Pick-up Time:

Hour	AM	PM

Return Date:

Day	Month	Year

Return Time:

Hour	AM	PM

Total Number of Vehicles Requested: _____ **Total Number of Passengers:** _____

Car Type Check one of the following:

Compact Economy Midsize Full-size Intermediate Minivan Sports Utility

The maximum Passengers allowed in a rental vehicle are 7 including the driver. 15 Passenger Vans are not allowed.

Driver Number 1 Information:

First Name: _____
 Last Name: _____
 Email Address: _____

Driver Number 2 Information:

First Name: _____
 Last Name: _____
 Email Address: _____

Driver Number 3 Information:

First Name: _____
 Last Name: _____
 Email Address: _____

*Only Clark County School District Employees are allowed to drive the vehicles.
 Additional drivers must be added at the pick-up location.*

To be completed by Accounting or the Purchasing Department

Central Bill # _____ Contract ID# _____ Billing Reference _____
 Reservation #1 _____ Reservation Date _____ Reservation Cancel Date _____
 Reservation #2 _____ Reservation Date _____ Reservation Cancel Date _____
 Reservation #3 _____ Reservation Date _____ Reservation Cancel Date _____