

Facilities Management

Rental Vehicle Request Form

Department <input type="text"/>	Class Name <input type="text"/>	Class Number <input type="text"/>
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Please provide chartfield for billing

Account Fund Department Program Class Project

Other billing information

Instructor:  Advisor Signature:   
*Necessary if request is from auxillary organization, club, etc.*

Contact Name:  Phone Number:  Email:

When scheduling, drivers should allow up to 15 minutes for preliminary check-out procedures. If vehicle is to be used on weekends, the check-out process must be completed before 5:00 pm on the preceding Friday. When form is completed, if an advisor signature is not required, you may email this form to [vehicles@humboldt.edu](mailto:vehicles@humboldt.edu). If a signature is required, please print the form, obtain the signature, then send via campus mail to Facilities Management, or fax to ext. 5888. All requests will receive a confirmation via email. If you cancel your plans, please let us know immediately. **24 hours notice is required for cancellations in order to avoid charges.** We appreciate your understanding and cooperation during weeks of high activity. If you have any questions or need further information, please call Facilities Management at ext. 3646. Thank you.

Departure Date: (mm/dd/yyyy)  Departure Time: (e.g. - 1630)  Specific Destination:

Return Date: (mm/dd/yyyy)  Est. Return Time: (e.g. - 1830)  Total Count of Riders:

(Area Code)

Type of Vehicle:  # of Vehicles:  Driver Contact Name:  Driver Contact Cell Phone Number :

Type of Vehicle:  # of Vehicles:   Change (FM only)  
 Authorization to Travel form for [faculty](#) or [staff](#) is attached (for trips over 100 miles, one way).

**Facilities Management Use Only**

Request emailed to Enterprise:   \_\_\_\_\_  
 Date Time Name

Enterprise confirmation number:

Request confirmed via email:   \_\_\_\_\_  
 Date Time Name

Request cancelled per the following:   \_\_\_\_\_  
 Date Time Name

Enterprise cancellation charges will apply.