

NSU Motor Pool Fleet Vehicle Reservation Request Form

Today's Date: _____

Person entering request:

Name/Dept.: _____

Telephone/Ext.: _____

Email: _____

Driver Information:

Driver Name/Dept.: _____

Driver Cell phone: _____

Driver Email: _____

Account Information:

Org: _____ Account: _____ Fund: _____ Program: _____

Account Sponsor: _____

Reservation Information:

Type of vehicle: Sedan Minivan Suburban Bus

Destination: _____
(City and state)

Reason for trip: _____

Pick up date: _____ Pick up time: _____

Return date: _____ Return time: _____

Standing Reservation? Monthly Weekly Bi-weekly

If yes, please indicate which day: _____

NOTE:

- **Submitting this form does NOT confirm the reservation. An e-mail confirmation message will follow each request. It will be sent to the person making the request. This will ensure matching your request with vehicle date and time availability.**
- **Remember: If you are departing before or after regular office hours, a safe will be assigned for your vehicle key and lease form. This will be included in the email confirmation.**
- **You can email this form to motor_pool@nsuok.edu or fax it to Ext. 2327. Thank you for using our services!**

For office use ONLY

Confirmation: _____

Date: _____

Vehicle #: _____

Notes: _____
