

Fleet Vehicle Reservation Request

Request vehicles at least 5 business days in advance. All drivers must be pre-authorized.

Requestor Information

Name

Employee ID

Department

Phone

Email *

Trip Details

Purpose of Trip *

Destination *

Departure Date

Departure Time

Return Date

Return Time

Number of Passengers

Estimated Miles

Vehicle Type Requested

Vehicle Preference

Sedan (4 passengers)

SUV (6 passengers)

8-Passenger Van

12-Passenger Van

15-Passenger Van

Driver Information

Primary Driver Name *

Driver is authorized (completed training)

Additional Driver Name

Approvals

Requestor Signature

Sign above

Date: _____

Supervisor Approval

Sign above

Date: _____