

## 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: \_\_\_\_\_