

## Fleet Vehicle Reservation Request

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

### Requestor Information

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Name  Employee ID

Department  Phone

Email \*

### Trip Details

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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**

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Date:

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Sign above

**Supervisor Approval**

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Date:

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Sign above