

**CLUB/ORGANIZATION REQUEST FOR USE OF STATE OR ENTERPRISE
VEHICLES**

Directions: Fill out the form below and have your advisor sign it. Upon the signature of the Director for Student Activities the reservation will be made. You are agreeing to pay for the rental of a vehicle from Enterprise or Facilities Management. You will be required to make pre-payment at the time of making the reservation. If the bill is more than pre-payment you will be invoiced the difference. Only 10 passengers are allowed in a 15 passenger van including the driver. If you are renting from Enterprise the driver must be 18 years old. Training is required to drive all 15 passenger vans.

1. Name of Club/Organization _____
2. Person responsible for payment: Print name: _____
Phone# _____ email: _____
Position: _____
3. Renting from Enterprise or Facilities Management (circle one)
4. Renting from Facilities Management: You are charged \$35 per day (for trips under 100 miles per day, includes gas) or \$75 per day (trips 101+ miles per day plus additional 40 cents per mile x the 101+ miles per day).

Estimated mileage per day: ___M ___T ___W ___Th ___Fri ___Sat ___Sun ___
5. Renting from Enterprise: You are charged by the day or week. Indicate the following:
½ day ___, 1 day ___, less than 150 miles ___, more than 150 miles ___, and
vehicle size: Economy ___, full-size ___, minivan ___, 15 passenger van ___.
6. Name of Driver: _____ RU ID#: _____
7. Have you received the required driving training for 15 passenger van rental from Facilities Management? Yes _____ No _____
8. Date of Trip: _____ Purpose of Trip: _____
9. Pick-up Date & Time: _____ Return Date & Time _____
10. Destination: _____
11. Number of passengers: _____ Attach a list of names that will travel in vehicle.
12. What faculty or staff member(s) will accompany vehicle? _____
13. Do you guarantee that the club/organization has the funds for pre-payment and authorization to pay this bill? Yes _____ No _____
14. Requestor/Operator signature: _____
15. Advisor's Signature: _____
16. Advisor's Phone #: _____ email: _____

Office Use Only

Request Approved: _____ Date: _____

Director of Student Activities