FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT
VEHICLE RENTAL REQUEST FORM

PO #: _____ Vendor: _____
Rental Company (e.g. Enterprise, Budget, etc.)

Name: _____ Phone: _____

Campus/Dept.: _____ Email: _____

Today's date: _____

Purpose of Travel: _____

Destination: _____

Total Number of Students: _____ Total Number of Adults: _____

Vehicle Pick-up Location:	Vehicle Drop-off Location

Flight #_____ (if known) Flight #_____ (if known)

Pick-up Date:	Pick-up Time:	Return Date:	Return Time:

Number of Vehicles Requested: _____

Vehicle Type:
(15 Passenger Vans are not allowed.)

☐ Economy ☐ Compact ☐ Intermediate ☐ Standard ☐ Full-size

☐ Standard SUV ☐ Large SUV ☐ Minivan (7 passenger)

Budget Account# | | | | | | | | | | | | | | | | | | | | |

_____ _____
Requestor's Signature Budget Manager's Signature

***Only Friendswood I.S.D. Employees are allowed to drive the vehicles. ***

Picking up vehicle in **Friendswood/Houston**?
Please return form to **Marsha Malish in Transportation** ***mmalish@fisdk12.net***

Picking up vehicle **out of town**?
Please return form to **Carol Blain in Admin-Purchasing** ***cblain@fisdk12.net***

Revised 8/2018