



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

Airline _____ Flight # _____
(if known)

Airline _____ 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# _____ E _____

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 **Tracey Bradshaw** in Transportation tbradshaw@fisdk12.net

Picking up vehicle **out of town?**

Please return form to **Carol Blain** in Admin-Purchasing cblain@fisdk12.net