

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT VEHICLE RENTAL REQUEST FORM

Today's Date:		Travel Dates: Driver's Cell#: Driver's Email:														
Driver's Name:																
*Only FISD employees are allow																
Campus/Dept.:																
Purpose of Travel:																
Destination:																
Total Number of Stud																
Vehicle Pick-up Location:			Vehicle Drop-off Location													
LFlight #	(if known)	l	Fligh				(if known)									
Pick-up Date:	Pick-up Time:		Drop-off Date:					Drop-off Time:								
Number of Vehicles F	Requested:	l														
Vehicle Type: (15 Pass	enger Vans are not allowed.))														
☐ Economy ☐ Co	mpact Intermed	diate	:] s	tand	ard			Full-	size					
Standard SUV Fu	ıll Size SUV	(7 pa	assenç	ger)												
Budget Account#																
Requestor's Signature	-				Buc											

- Please submit this completed Vehicle Rental Request Form to the Purchasing Coordinator so that a quote can be obtained for you under the district account.
- If picking up the rental in Friendswood, please verify with FISD's Transportation Department that no district vehicles are available for use.
- Once a quote is obtained please attach this form and the quote to a requisition in Skyward. (also include verification from Transportation Department that no district vehicle was available if applicable)
- Once a PO has been approved, please notify the Purchasing Coordinator so that the rental can be confirmed.
- All receipts are required to be turned into the Business Office upon return.