

## FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT **VEHICLE RENTAL REQUEST FORM**

PO #:	Vendor:									
Name:										
Campus/Dept.:										
Today's date:										
Purpose of Travel:										
Destination:										
Total Number of Students										
Vehicle Pick-up Lo	Vehicle Drop-off Location									
LFlight #	Flight #	#(if kr						)		
Pick-up Date: Pic	ck-up Time:	Return Date:	Date: Return Time:							
Number of Vehicles Requestion  Vehicle Type: (15 Passenger Vans are not allo										
☐ Economy ☐ Compac	ct Intermediat	e 🗌 Standa	ard		Full-s	size				
☐ Standard SUV ☐ Large S	SUV 🔲 Minivan (7 p	passenger)								
Budget Account#										
Requestor's Signature	Budget Manager's Signature									
*Only Friendsw	ood I.S.D. Emplo	yees are allowe	ed to	drive	e the	9 V6	∍hic	les	<b>).</b> *	
Picking up vehicle in <b>Frier</b> Please return form to <b>Mar</b> s			<u>ish@</u>	fisdk	12.n	<u>et</u>				

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