

**VEHICLE REQUEST FORM**

**Requestor's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Department/Program:** \_\_\_\_\_ **Drivers:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Vehicle(s) Requested (size):** \_\_\_\_\_

**Date and Time Leaving:** \_\_\_\_\_

**Date and Time Returning:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Department Chair/ Dean Signature Required:** \_\_\_\_\_

**\*REQUEST WILL NOT BE CONSIDERED IF FORM IS INCOMPLETE.\***

**\*ALL DRIVERS MUST BE UNDER UIW INSURANCE.\***

*This form can be turned in by mailing it to Box #3, by faxing it to 210-829-8447, or by returning it to the Vehicle Services.*

The form below will be filled out and returned to you by the Department of Vehicle Services.

**VEHICLE CONFIRMATION FORM**

**Today's Date:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Vehicle(s) Requested (size):** \_\_\_\_\_

**Date and Time Leaving:** \_\_\_\_\_ **Date and Time Returning:** \_\_\_\_\_

**Accepted or Denied:** \_\_\_\_\_

**Comments:**

<b>External Rental Use: Yes:</b> _____ <b>No:</b> _____
<b>Pickup Time:</b> _____ <b>Returned:</b> _____

**Reviewed by:** \_\_\_\_\_

**Enterprise Rental**      **Please remember to pickup Fuel Card from Vehicle Services**

**Address:** 10150 Hwy. 281 North – Next to Embassy Hotel

**Phone:** 210- 377-1716

**Hours are from:** Mon. thru Fri. – 7:30 am to 6:00pm

**Hours are from:** Sat- 9:00am – 12:00pm

**Hours are from:** Sun. – 9:00am- 1:00pm

**Contact: Melissa Rodarte-Monreal**

**Fleet Coordinator: 210-829-3907**

**Vehicle Services Manager: Joe Cadena-210-387-6315**