

**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 into Vehicle Services via email or mail to CPO 6.*

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**

**Address:** 10150 McAllister Fwy, San Antonio, TX 78216 -281 North – Next to Embassy Hotel

**Phone:** 210- 377-1716

**Hours are from:** Mon. thru Fri. – 7:30 am to 5:30pm

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

**Hours are from:** Sun. – CLOSED

**Point of Contacts:**

**Fleet Coordinator, Melissa Rodarte-Monreal - 210-829-3907**

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