

External Rental: Pick up date & time: _____ Drop off date & time: _____ Whitson Morgan Enterprise

Whitson Morgan pick-up hours: Mon-Fri. 8:00-12:30 & 1:40-5:00) (24 Hour Cancellation Required for all types of reservations)

Car	
Mini-Van (Only at Whitson Morgan)	
15 Passenger Van	

Vehicle Reservation Form

Business Office	
Public Safety	Key Picked Up Key Returned

Date(s) of use: _____ Number of days reserved: _____ Vehicle number: _____

Reserved by: _____ Key Number: _____

DESTINATION/PURPOSE: _____

IS THIS FOR A STUDENT ORGANIZATION: YES NO

IF YES, STUDENT AFFAIRS APPROVAL: _____

UNIVERSITY REPRESENTATIVE: _____

*****Required for all university sponsored trips and activities*****

Drivers: _____

Supervisor Signature _____ VP Signature _____

Organization/Department to be charged: _____ Acct.#

Free Miles for University Vehicles: Per day-200, Per Week-2,000, per month-6,000

Vehicle	Price Per Day	Price Per Week	Price Per Month
Car	\$46.55	\$325.85	\$1,102.00
Mini-Van	\$79.63	\$539.00	\$2,156.00
15-Passeng Van	\$121.28	\$611.28	\$2,445.10

VEHICLE MILEAGE REPORT	
Beginning Mileage Reading:	_____
Ending Mileage Reading	_____
Total Miles Traveled	_____

Checklist of things that must be done when renting a University vehicle

- Take this form to Public Safety to pick up the key after hours
- Fill the tank up with gas before returning the vehicle
- Pick up all trash and debris
- Return vehicle to the tennis court parking lot after use or be charged additional rent
- Return this form to the security office along with the keys

PLEASE REMOVE any trash or other debris **BEFORE** returning the vehicle to the lot where you picked it up with a **FULL TANK OF GAS, a \$75.00** charge may be assessed if van and keys are not properly and promptly returned.

Please Note Any Problems With the Vehicle: _____

Please write down the name of every individual going on the trip:

Please note that we ask that no more than 12 people be transported in a 15 passenger van

1.)	2.)
3.)	4.)
5.)	6.)
7.)	8.)
9.)	10.)
11.)	12.)

University of the Ozarks

Damage Report

Date and Time of accident: _____

Location where named accident took place: _____

Detailed description of event: _____

Accidents involving other vehicles - - - -

Contact information for other driver: _____

Insurance information for other driver: _____

For Business Office Use Only	
Fee for Vehicle Rented	
Number of Days Rented	
Total	
Miles that Exceeded Limit	
	X .22
Total	
Total Charges	