Capital University  
Vehicle Reservation Form

Name ____________________________  Budget # __________

Department ____________________________  □ Wk.  □ Hm.  □ Cell

Phone Number: ____________________________

Reserve: VAN or CAR (circle one)

Date Requested: ____________________________

Time Vehicle Out ____________________________

Time Vehicle will be returned ____________________________

Signature of Authorizing Faculty / Staff / Advisor, Requesting a Fleet Vehicle Reservation  Date

Please use a separate “Vehicle Reservation Form” for each vehicle requested.

If interested in reserving vehicles for the same event, day, and time, please submit a separate “Vehicle Reservation Form” for each vehicle.

Signature of person submitting form. (If same as the Requester above please write “same”)  Date

Official Use Only

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A vehicle is reserved for the date and time listed above.

Signature of DPS personnel reserving vehicle  Date