

HERTZ 12 PASSENGER VAN RENTAL FORM

Name of Driver: _____

Department: _____

Destination: _____

Purpose of Trip: _____

Passengers: _____

Departure Date: _____

Time: _____

Return Date: _____

Time: _____

Chartfield (s) to be charged: _____

Printed Name: _____

Signature: _____

Date: _____

COMMENTS _____

**KEYS AND ALL YOUR GAS RECEIPTS MUST BE RETURNED TO
OARDC MOTOR POOL OFFICE OR DROP BOX**

SEND OR FAX (330-263-3660) THIS FORM TO FACILITIES SERVICES