VEHICLE RESERVATION FORM

the interior to avoid a cleaning fee.



VEHICLE TYPE	PRICING & M		PUBLIC SAFETY	
CAR	\$23/Day - \$163/Week - Free Miles: 200/Day – 2,000/W	-	Vehicle Number Assigned:	
15-PASSENGER VAN	\$85/Day - \$428/Week - \$ Free Miles: 200/Day – 2,000/W		Key Number Assigned:	
MINI VAN	\$79.63/Day - \$539.00/Week -	· \$2,156.00/Month		
<u>Only at Whitson-Morgan</u>	Miles: 200/Day plus \$.22 Unlimited Miles for an add		Key Picked Up: Key Returned:	
	Whitson-Morgan Pick Monday-Friday from 8:00-12 24-Hour Cancellation University of the Ozarks rates lower than Whitson	2:30 & 1:40-5:00 Required s are substantially	Check for the following: Gas Tank Filled:* *If \$50.00 fuel fee needs to be charged, Director contacted on:	
			Trash & Debris Removed:** **If \$75.00 cleaning fee needs to be charged, Director contacted on:	
Reservation Form Completed by: Date Completed:				
Destination/Purpose:				
Date(s) of Use: Number of Days Reserved:				
Is this for a Student Organization: Yes / No If Yes, Student Affairs Approval:			tudent Affairs Approval:	
*University Representative:				
Driver(s):				
Supervisor Signature:VP Signature:				
Organization/Department to be charged: Account #:			Account #:	
1. <u>A copy of your completed form will be at the</u> Public Safety Office to pick up with your key.		5. Write down the ending mileage before exiting the vehicle and determine total miles traveled.		
2. Inspect vehicle and write down the beginning		6. Inspect the exterior of the vehicle for any		
		damage.		
 Fill the tank up with gas before returning the vehicle to avoid additional fees. 		7. Return this form and the vehicle key to the Public Safety Office.		
	to the original parking lot.		e Reading:	
		Ending Mileage Reading:		

Total Miles Traveled:

Additional rent may be assessed if vehicle and keys are not returned properly and promptly, as well as additional fees for not filling up the tank and removing all trash and debris.

Please Note Any Problems with the Vehicle:_____

UNIVERSITY OF THE OZARKS - ACCIDENT INFORMATION

Date & Time of Accident:

Location where named Accident took place:_____

Detailed Description of Event:

Accidents involving other vehicles:

1. Name & Contact Information for Other Driver:

2. Insurance Information for Other Driver:

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY		
Fee for Vehicle Rented		
Number of Days Rented		
Total		
Miles that Exceeded Limit		
	x .22	
Total		
Additional Fee – Fuel (\$50)	x	
Additional Fee – Cleaning (\$75)	x	
Total Charges		