



Vehicle Rental Reservation

ROUTING
TPS, MSC 3PAR
transport@nmsu.edu
Phone 646-7111
Fax 646-1756

All fields are required, unless otherwise noted. Submit one Rental Reservation Request per vehicle, **at least two business days prior to the desired rental date.**

- a. As a PDF attachment to e-mail address: transport@nmsu.edu
- b. Fax to 646-1756

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Requestor Name: _____ Department: _____

Phone: _____ Campus Box: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Reservation Information

Index: _____ Destination: _____ Confirmation E-mail Address: _____

Business Purpose: _____

Driver Information

Primary Driver	Driver's Lic Exp	NMSU Permit Exp	Aggie ID
Secondary Driver	Driver's Lic Exp	NMSU Permit Exp	Aggie ID
Third Driver	Driver's Lic Exp	NMSU Permit Exp	Aggie ID

Vehicle Information

Vehicle Type: _____ Fuel Cards Required: Yes No Seats Removed: Yes No How many? _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Early Key Pickup Date (optional): _____ Time: _____

SECTION 4: OFFICIAL APPROVAL

Signature authorizes charges related to vehicle rental.

Printed Name: _____ Signature: _____ Date: _____

- Principal Investigator
- Dean/VP/CC President
- Signature Authority Delegate

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Date Received: _____ Received by: _____ Plate Number: G _____ Asset Release Number: _____

