

Rental Vehicle Request Form

Requesting Department: _____ Campus Extension: _____

Department Account Number: _____

** Requests submitted without an account number will not be processed.*

Primary Approved Driver Information

Name: _____ CSU ID: _____

Phone Number: _____ Email: _____

 CSU Classification (select one) Student Faculty/Staff Affiliate

Driver License Number: _____ Expiration Date: _____

Trip Information

 Rental Start Date: _____ Time: _____ AM PM

 Rental Return Date: _____ Time: _____ AM PM

Destination Address: _____

Purpose of Trip: _____ Approximate Round Trip Mileage: _____

Requested Vans (check box for each requested 12-passenger van)

** A secondary approved driver is optional, and only required if a destination is greater than 4-hours away, one-way.*

 Van 1: Approved Driver: _____ License Number: _____

Secondary Approved Driver: _____ License Number: _____

 Van 2: Approved Driver: _____ License Number: _____

Secondary Approved Driver: _____ License Number: _____

 Van 3: Approved Driver: _____ License Number: _____

Secondary Approved Driver: _____ License Number: _____

 Van 4: Approved Driver: _____ License Number: _____

Secondary Approved Driver: _____ License Number: _____

Notes/Special Requests:

Completed forms must be submitted to transportation@csuohio.edu at least 5 business days prior to the rental start date. Prospective renters will be notified of approval or denial of their request via email. Approved requests require signed service guidelines prior to the issuance of a PTS rental vehicle. First time renters must contact PTS at least 2 weeks prior to a scheduled trip to begin the approval process, including a driving history screening.