

AUTO RENTAL RESERVATION & AUTHORIZATION FORM

Non-Faculty, Non-Staff, Guests, Students and Teams

The B.C. Provincial Government or CAUBO rental rates apply unless other arrangements are in place directly with UVic. This form when completed and signed by an authorized UVic Account Holder and a Purchasing Officer, will authorize the Auto Rental Firm listed on this form to apply charges to UVic's Scotiabank Visa card as provided with this form. The form is invalid unless all fields (underlined spaces) are completed. This form may not be used for UVic -UVic faculty, nor staff (employee) travel This form is NOT to be used by individuals during relocation or moving. CONFIRMATION No.: Name: Rental Agency Address: UVic Contact Name: Contact Name: UVic Faculty/Department: Telephone: Telephone: _____Fax:____ Fax: E-Mail: E-Mail: Rental/Contract No.[This Section to be Completed for all Auto Rentals Renter Name: __ ___(Print). Address: (Full)_ _____ Date Required: Telephone: (___) ___ Date Required: ____ Date to be Returned: ____ Total No. Days: ___ Type of Vehicle: [__] Compact [___] Intermediate [___] Full Size [___] Mini Van [___] SUV [___] Other (Specify) ____ Vehicle Pented:
Vehicle Rented:
_____Unit #:
_____License # ______Daily Rate: \$ _____(CDN)
Date and Time Out: _____ Km Out: _____ Total Km Driven : ____ Insurance: [___] UVic AMEX (no charge) [___] Loss Damage Waiver (LDW) required. Daily Rate [____] (See e-Procurement website & specify) Total Charges to UVic Scotiabank Visa Commercial Card [\$ ______] Currency: [_______] Please Specify. **Rental Information**: Renter is responsible for vehicle until vehicle is checked in by the Rental Agency and inspected for Destination: From: ______ To: _____ Renters Signature: _____ Date:___ **UVic Required Information:**
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 Completion of this section is MANDATORY Completion of this section is OPTIONAL

PURCHASING SERVICES Contact Information: University of Victoria Approved By: E. Kite for Director of Purchasing Services or Purchasing Officer Date **Purchasing Services Department**

PO Box 1700 STN CSC, Room 110 Saunders Annex Please use the Scotiabank Visa card provided Victoria, British Columbia

Phone: (250)-721-8326 Fax: (250)-721-8327

Account Holder Name and Position (Please Print)

E-Mail: purchase@uvic.ca

IMPORTANT NOTE TO RESERVATIONS AGENT:

Account Holder Signature

Date:

Charges are limited to stated rental rates at the time of reservation confirmation (including mileage charges if applicable, insurance (LDW), plus applicable Goods and Services tax, unless otherwise specified in the section above. Original contract and Scotiabank Commercial card receipt must be forwarded via fax to UVic Purchasing Services immediately after the charges are placed against the Scotiabank Commercial card at the above address.

Department/Faculty are to Fax this form when completed to Purchasing Services at: 721-8327 for processing and cost reallocation.