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.

Rental Agency Name:

Address:

Contact Name:

Telephone:    Fax:

E-Mail:

Rental/Contract No.:

CONFIRMATION No.:

UVic Contact Name:

UVic Faculty/Department:

Telephone:    Fax:

E-Mail:

This Section to be Completed for all Auto Rentals

Renter Name:       (Print). Address: (Full)

Telephone: (____)_________ Date Required: ___________ Date to be Returned: ___________ Total No. Days: ___________

Type of Vehicle: [ ] Compact [ ] Intermediate [ ] Full Size [ ] Mini Van [ ] SUV [ ] Other (Specify) ___________

Vehicle Rented: ___________ Unit #: ___________ License #: ___________ Daily Rate: $ ___________ (CDN)

Date and Time Out: ___________ Km Out: ___________

Date and Time In: ___________ Km In: ___________ 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 damage.

Destination: From: ___________ To: ___________ Renters Signature: ___________

Purpose of Rental: ___________ Date: ___________

UVic Required Information:

FAST CODE: [Fund] [Organization] [Account] [Activity] [Location] ___________ ___________ ___________ ___________ ___________

Completion of this section is MANDATORY Completion of this section is OPTIONAL

Account Holder Signature ___________ Account Holder Name and Position (Please Print) ___________

Date: ___________

Purchasing Services Department

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