STUDENT VAN RESERVATION & BILLING
(Return keys & this form to 203 Campus Center– if after hours, use the mail slot on office door. Park vans in back of Campus Center Lot)

BEGINNING MILEAGE: _______________________
ENDING MILEAGE: _______________________
Total Miles Traveled: _______________________

Date/Time Out: ______________________________________
Date/Time In: ______________________________________

This section to be filled out by the person requesting the van

Name: ___________________________________________ Email Address: ___________________________
Organization: ____________________________________ Cell Phone: ______________________________
Travel Destination: _______________________________ Number of Passengers: _____________________
Activity or Event: ____________________________________________________________
Departure Day/Date: ____________________________________ Return Day/Date: ____________________

□ Half Day Rental ($50)  □ Full Day Rental ($75)  Pick Up Time: ____________  Return Time: ____________

A list of passengers for all non-Williamsburg travel will be required at time of key pick up!!!

Driver information required at time of reservation

Driver Name: _____________________________________ Age of Driver: ___________________________
Driver Cell: ______________________________________ Driver Email: ___________________________
Driver’s License Number & State Issued: ____________________________
Emergency Contact Name/Number for Driver: ____________________________

Van Certified (Office Use Only): □ YES □ NO

METHOD OF PAYMENT

□ Option 1 – Direct Bill – Student Organization Funding by approved SA Budget (Requires Student Fee Administrator Approval)
SLD Staff Approval Signature: __________________________ Index Number for SA Approved Funding: ___________

□ Option 2 – Direct Bill – Department by College Index
Dept. Name: __________________________ Dept. Contact: __________________________ Index Number: ___________

□ Option 3 – SEND INVOICE - Payment will be made by organization funds
Name: __________________________ Phone Number: __________________________ Email: __________________________

VAN USAGE RATES:

____ Student Organizations  $50 less than 4-hours  *Additional Miles over 75 @ $.25/mile
____ Student Organizations  $75 more than 4-hours  *Additional Miles over 100 per day @ $.25/mile
____ College Departments  $100 day  *Additional Miles over 100 per day @ $.25/mile

#_______ Days @ $______ day $________ #_______ Additional Miles $______ Total Charges $_________

Number of Voyager credit card receipts attached: ___________
(Voyager Charge card must be used for any gas purchase. Reimbursements will not be issued for any non-Voyager Charge purchases.)

SEAT BELTS MUST BE WORN  ● NO SIGNS MAY BE AFFIXED TO OR DISPLAYED IN THE VEHICLE
Student drivers and passengers are insured for $2,000 for medical payments in case of an accident.

IN CASE OF EMERGENCY, CALL W&M POLICE AT 757-221-4596