STUDENT VAN RESERVATION & BILLING

(Return keys along with this form to 273 Sadler Center– After hours, return to the Sadler Center information desk.)

Odometer Reading

BEGINNING MILEAGE: ______________________

ENDING MILEAGE: ______________________

Total Miles Traveled: ______________________

Date/Time Out: ______________________

Date/Time In: ______________________

Did you travel through EZ-Pass or other non-cash tolls? ______

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

Name: ___________________________ Email Address: ___________________________

Organization: ___________________________ Cell Phone: ___________________________

Travel Destination: ___________________________ Number of Passengers: ___________________________

Does your Organization/Department need the Voyager Card (Gas Card) for this trip? □ YES □ NO

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 required on the reverse side of this form.

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

If there is a Second Driver please provide their information on the reverse side of this form

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 – SEND INVOICE - Payment will be made by organization funds

Name: ___________________________ Phone Number: ___________________________ Email: ___________________________

OFFICE USE ONLY

VAN USAGE RATES:

____ Student Organizations $50 less than 4-hours *Additional Miles over 75 @ $0.35/mile

____ Student Organizations $75 more than 4-hours *Additional Miles over 100 per day @ $0.35/mile

____ College Departments $100 day *Additional Miles over 100 per day @ $0.35/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
Second Driver information

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

Please provide a list of the passengers below:

Please print and write clearly

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

4. ______________________________________________________

5. ______________________________________________________

6. ______________________________________________________

7. ______________________________________________________

8. ______________________________________________________

9. ______________________________________________________

10. ______________________________________________________________________

11. ______________________________________________________________________