

# STUDENT VAN RESERVATION & BILLING

Van #

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

Odometer Reading

Complete Upon Return

**BEGINNING MILEAGE:** \_\_\_\_\_

Estimated Gas Gauge (Circle Approximate):

**ENDING MILEAGE:** \_\_\_\_\_

1/4      1/2      3/4      Full

Total Miles Traveled: \_\_\_\_\_

Doors Locked? Yes / No

Date/Time Out: \_\_\_\_\_

Trash Removed? Yes / No

Date/Time In: \_\_\_\_\_

Did you use EZ-Pass or other non-cash tolls? Yes / No

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 – Direct Bill – Department by College Index**

Dept. Name: \_\_\_\_\_ Dept. Approver: \_\_\_\_\_ Index Number: \_\_\_\_\_

**Option 3 – 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  
\_\_\_\_ Student Organizations      \$75 more than 4-hours  
\_\_\_\_ College Departments      \$100 day

\*Additional Miles over 75 @ \$0.35/mile  
\*Additional Miles over 100 per day @ \$0.35/mile  
\*Additional Miles over 100 per day @ \$0.35/mile

# \_\_\_\_\_ Days @ \$ \_\_\_\_\_ day \$ \_\_\_\_\_ # \_\_\_\_\_ Additional Miles \$ \_\_\_\_\_ Tolls \$ \_\_\_\_\_ 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. \_\_\_\_\_

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