



Office of Service-Learning
UNIVERSITY OF GEORGIA

**2018-19 Transportation Mini-Grant
 Vehicle Rental Request Form**

Course Instructor: _____ Phone Number: _____

Course Name, Prefix and Number: _____

Contact Email: _____ Today's Date: _____

Person in Charge: _____ Department: _____

Trip Information

Trip Date:	Number of Travelers:
Time to pick up vehicle(s):	Time vehicle(s) to be returned:
Driver(s)*: *All drivers must be employees of the University of Georgia.	Approximate Distance (round trip):
Full Location Address of Destination:	Purpose of Trip:

Vehicle(s) Requested

Please indicate the type and number of vehicles you are requesting. Please include second choice, as sometimes requested vehicles are not available on a particular date.

Vehicle Type:	# Vehicles (First Choice)	# Vehicles (Second Choice)
12-Passenger Van	___	___
7-Passenger Mini-van	___	___
Sedan (seats 5)	___	___
Disability Van	___	___
Charter (UGA) Bus	___	___

***Program supported by a 2017 grant from
 the UGA Parents Leadership Council***



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Please return this completed form to the OS�, osl@uga.edu or fax: 706-583-8124, at least three weeks in advance of your trip date.