

STATE OF COLORADO - MOTOR POOL
VEHICLE RESERVATION REQUEST FORM

TO: Business Services, SSB 320, CB 94

FROM: _____
Dept. _____ Ext. _____

Date of Request: _____

Destination: _____

Date and time vehicle will be picked up: _____

Date and time vehicle will be returned: _____

Driver's Name: _____ License # _____

Additional driver(s): _____ License# _____
_____ License# _____

Total number of passengers (including driver): _____

Type of Vehicle requested: _____

Account number to be billed: F _____ O _____ A _____ P _____

Approved by: _____ Date: _____

****PLEASE ATTACH A PHOTO COPY OF DRIVERS LICENSE FOR ALL PERSONS LISTED AS DRIVERS. THIS REQUEST WILL NOT BE PROCESSED WITHOUT THAT INFORMATION.**