



(Office Use Only) Rental Number: _____

Rental Vehicle Request Form

Requesting Department: _____ Campus ext: _____

*Department Account Number: _____

Primary Approved Driver Information

Name: _____ CSU ID: _____

Phone Number: _____ Email: _____

CSU Classification (select one) ☐ Student ☐ Faculty/Staff ☐ Affiliate

Driver License Number: _____ Expiration Date: _____

Secondary Approved Driver Information

Name: _____ CSU ID: _____

Phone Number: _____ Email: _____

CSU Classification (select one) ☐ Student ☐ Faculty/Staff ☐ Affiliate

Driver License Number: _____ Expiration Date: _____

Trip Information

Vehicle: ☐ Passenger Van (\$130/day, max seats: 12) ☐ Ford Explorer (\$90/day, max seats: 7)

Rental Start Date: _____ Time: _____ ☐ AM ☐ PM

Rental Return Date: _____ Time: _____ ☐ AM ☐ PM

Destination Address: _____

Purpose of Trip: _____ Estimated Round Trip Mileage: _____

Notes/Special Requests: _____

*** Requests submitted without an account number will not be processed.**

Completed forms must be submitted to transportation@csuohio.edu at least 48-business hours prior to the rental start date. Prospective renters will be notified of approval or denial of their request via email.

Approved requests require signed service guidelines prior to the issuance of a PTS rental vehicle.

First time renters must contact PTS at least 2 weeks prior to the scheduled trip to begin the driver approval process including a MVR check for driving records.