

Student Association
SUNY New Paltz, SUB 428, New Paltz, NY 12561 845/257-3070

Car Rental Request

Please Type or Print Clearly. Answer All Questions. This Form must be submitted at least 14 days in advance.

Date Submitted _____

Name of Organization _____ Account Number _____

Detailed Description for use of car: _____

Day/Date: _____ Pick-up Time: _____ Return Time: _____

Destination: _____

*Responsible Person: _____ Phone: _____

Address: If on campus, include room number. _____

Students that will be in car. Please print. 1. _____ 2. _____

3. _____ 4. _____ 5. _____

If more students are going to be in the car, please list additional names back.

**Attach a Purchase Order Request to this form. Completed Purchase Orders will be sent directly to the car rental company with this name. Only this person is authorized to drive the vehicle as a representative of the Student Association.*

You are responsible for the vehicle at all times including any traffic/parking violations issued while it is in your possession. The Student Association will only pay for dates and times approved on this request. You will pay the additional charge for vehicles not returned by the specific time. I understand that I will be responsible for all traffic/parking violations issued while the vehicles is in my possessions and for additional charges for not returning the vehicle on time.

I understand that if I do not adhere to these rules I will lose my car rental privileges.

Signed and Date _____

Additional Students in Car/Van:

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

For SAPB Use Only

- Approved
 - Approved w/ stipulations below
 - Disapproved because
 - Resubmit to SAPB because _____
- _____
- _____
- _____

SAPB Chair _____

For SABFC Use Only

- Approved
 - Approved w/ stipulations below
 - Disapproved because
 - Resubmit to SABFC because _____
- _____
- _____
- _____

SAPB Chair _____