



Account Number

--	--	--	--	--	--	--	--

Date (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

**Student Van Rental****Student Organization Finance Center: On Campus Approval to Charge form**

Date: \_\_\_\_\_

Student Organization Name: \_\_\_\_\_

Student Organization Account # : \_\_\_\_\_ Part : 68On-Camps Vendor: PTTS - Fleet Leasing

Contact Person and Phone # : \_\_\_\_\_

Estimated Cost of Purchase: \_\_\_\_\_ \*

**Event Date:** \_\_\_\_\_ (If the event is canceled contact us to release the encumbrance)Item/Purpose of Purchase: **Van Rental Fee, Miscellaneous Fuel Charges, State Fuel Charges, Driver Checks, On-Line Training and Deposit**\_\_\_\_\_  
*Student Organization Leader Signatur Phone #*\_\_\_\_\_  
*Faculty / Advisor Signature*\_\_\_\_\_  
*Additional Signature for purchases over \$2500.00*Send Invoices to **SOFC MS 1236**  
**DO NOT ACCEPT W/O SOFC ENCUMBRANCE****SOFC USE ONLY**

Date:	_____
Initials:	_____
Balance Ck'd	_____
Encumbrance #	_____ **
<b>DO NOT ACCEPT W/O SOFC ENCUMBRANCE</b>	

**\*On-Campus Vendor Message:**Should the actual cost be higher than the estimate please call **845-1114** for approval & we will increase the encumbrance.**\*\* On-Campus Vendor Message:**

PLEASE PL THE E # ON ALL INVOICES

**Privacy Policy** "State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with few exceptions as provided by law); (2) you you are entitled to receive & review that information; and (3) you are entitled to have the information corrected at no charge to you.

**STUDENT ACTIVITIES USE ONLY**

FLEET LEASING RENTAL INFORMATION

*Fleet Office (979) 845-5846 Fax: (979) 845-3026***Request for Service****ALL VEHICLES WILL BE PICKED UP**

Begin Date: \_\_\_\_\_ Begin Time: \_\_\_\_\_ Vehicle Type: (Please Circle) How Many

**Chevy Malibu** \_\_\_\_\_End Date: \_\_\_\_\_ End Time: \_\_\_\_\_ **Crown Victoria** \_\_\_\_\_**7 Passenger Van** \_\_\_\_\_Destination: \_\_\_\_\_ **8 Passenger Van** \_\_\_\_\_**11 Passenger Van** \_\_\_\_\_Driver Info: \_\_\_\_\_ **12 Passenger Van** \_\_\_\_\_\_\_\_\_\_  
Group Name

STUACT Department Contact Information:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: **847-8845** Mail Stop: **1236**