

# WSU Fleet Department

## Rental Vehicle Trip Form

Please fill out entire form before and after your trip

### Driver Information:

Name:	
Department:	
Phone:	
Email:	
DL#, and ST. and class	
Approved by:	
Cost Code:	
Destination: (City, ST.)	

Vehicle #	
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### Office use only:

Towing Acc.	
Gas Card#	
Total Miles:	
Total Days:	
Other Charges:	
Total Charges:	
Work Order #:	

### Trip Details:

	Departure	Return	Total
Odometer			
Time			
Date			

Please note any issues with the vehicle before and/or during your trip:

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Driver's Signature:

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Date:

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