

Department:

Division:

Requested Date/Time:

(mandatory)

Return Date/Time:

(mandatory)

Destination:

Type of Vehicle:

(compact sedan, intermediate sedan, 4x4 suv, etc.)

Contact Name & Phone No:

Email Address:

Fax No:

Driver's Name :

* Please print or type

Driver's License Expiration Date:

To be completed by Fleet Services

Vehicle received by:

*Signature of driver

Agencies are required to enter one line of coding.

vehicles in the same condition as received, less normal wear and tear, and will be financially responsible for all actual physical damage expense. All non-reported accidents/incidents, including acci

License:

Reservation #:

Mileage:

MP

@admin.nv.gov

Total Percentage must equal 100%

billing to the renting agency for total physical damage sustained to the state vehicle.