



Request for Daily Rental

NOTE: If a reservation cannot be made online (<https://www.ok.gov/dcs/calculator/welcome.php>), this form must be completed, signed both by the agency and the driver. Submit the form prior to or at the time state vehicle is picked up at:

Email: fmd_trip@omes.ok.gov (preferred) Fax: (405) 525-2682, Phone: (405) 521-2206

Mail: Fleet Management, 317 N.E. 31st Street, Suite A, Oklahoma City, OK 73105-4003

Reservation Details:

Agency (name & #): _____

Division (name & #): _____

Check one vehicle cat.: ☐ Sedan (Compact) ☐ Sedan (Mid-size) ☐ Sedan (Full-size) ☐ Truck (½ ton)
☐ Van (7-Pass Mini) ☐ Van (12-Pass) ☐ Van (15-Pass) ☐ Truck (Box)

Pick-up Date: _____ Pick-up Time: _____ Drop-off Date: _____ Drop-off Time: _____

Certification and Authorization:

This vehicle shall be kept in good operating condition during its use and maintained in accordance with the Fleet Management Preventative Maintenance Schedule. Upon its return, any and all defects shall be reported to the Fleet Management dispatcher. The renting agency agrees to promptly pay all Fleet Management invoices pertaining to use of the vehicle.

The undersigned, being duly authorized to sign for the agency named herein, has read and understands the conditions listed in this requisition and caused this application to be executed

on the _____ day of _____, _____

Agency Fleet Administrator Signature

Print Name and Title

Telephone

Email

The Bearer, _____, whose signature appears below, is authorized to use a Fleet

Management vehicle and hereby acknowledges receipt of the vehicle described herein. I further certify that I have a valid driver license and will: (a) use the vehicle for official state business only; (b) observe all traffic laws; (c) wear the seat belt; (d) not smoke or allow any passengers to smoke inside the vehicle; (e) not text while driving or operating the vehicle; and, (f) not allow an unauthorized person to drive or ride in the vehicle.

SIGNATURE OF DRIVER: _____ PHONE: _____ Email: _____

FOR FLEET MANAGEMENT USE ONLY

BEGINNING
MILEAGE: _____

DATE ASSIGNED: _____ TIME: _____

ENDING MILEAGE: _____ DATE RETURNED: _____ TIME: _____

MILES TRAVELED: _____ DAILY RATE (FREE MILES INCLUDED): _____

PLUS ADDITIONAL MILES @ _____ PER MILE

UNIT (VEHICLE) #: _____