

**UNIVERSITY OF UTAH  
FLEET SERVICES DAILY RENTAL  
AUTHORIZATION FORM**

Reservation #: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor, Manager or Director's Name: \_\_\_\_\_

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

P/U \_\_\_/\_\_\_/\_\_\_ Return \_\_\_/\_\_\_/\_\_\_ Destination \_\_\_\_\_

**Authorized Account # to be charged:**

**(Campus) Please use allowable daily rental accounts 65600 – 65619**

**(Hospital) May only use account (02) 65690**

BU ORG FUND ACTIVITY PROJECT ACCOUNT A/U YEAR

**This authorization form must be completed and returned to Fleet Services  
prior to release of vehicle.**

Signature: \_\_\_\_\_  
(Authorized Signature)

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

\*Please have this form at time of reservation or fax to Fleet Services (801) 581-7941