

**MAE TRAVEL Rental Car
Reservation Request Form**

Driver's Last Name: _____ **First Name:** _____ **Driver's age:** _____
Driver's TA# _____ **Email address for Rental confirmation:** _____ @ufl.edu

Pick-Up Date: _____ **AM** **PM** **Pick-Up Time:** _____ **AM** **PM**

Pick-Up Location: City _____ **State** _____ **Airport Code (if applicable):** _____

If not at Airport, specify street address of location.

Street Address for Pick UP: _____

Returning Date: _____ **AM** **PM** **Returning Time:** _____ **AM** **PM**

Returning Location: City _____ **State** _____ **Airport Code (if applicable):** _____

If not at Airport, specify street address of location.

Street Address for Return: _____

Note: Compact car is authorized car size unless otherwise justified

Rental Comments/Notes: (e.g. mini-van requested for group of 6 travelers) _____

Dept Use Only: Rcvd _____ Done _____ Reservation # _____ Email sent _____