

VAN RENTAL CONTRACT

EMS:

Group:

Date:

(please submit form to Public Safety front desk or fax to: 206.296.2178)

1. VEHICLE: Check availability with front desk attendant

☐ SU Van

• 12-passenger: Quantity _____

☐ If SU Van NOT available, OK to use an Outside Rental. See options on right →

☐ Outside Van (Enterprise - 1605 Boylston 206.323.0109)

Options: (RSVP made by Public Safety)

- 12-passenger Van: Quantity _____ \$74.00 plus taxes+ unlimited miles/day
- 7-passenger Minivan: Quantity _____ \$59.00 plus taxes+ unlimited miles/day
- 5-passenger Car: Quantity _____ \$32.00 plus taxes+ unlimited miles/day

TERMS OF USAGE: Violation(s) of any of the following terms may result in termination of van rental privileges: Driver(s) agree to follow all University policies and procedures for the use of the vehicle and abide by all state and federal laws. ■ User/Department assumes full responsibility for all financial obligations incurred as a result of 1) failure to return vehicle as indicated, 2) failure to clean vehicle, and 3) damages as a result of misuse while renting the University vehicle. ■ Any and all damages are to be reported to the Public Safety Department immediately (206-296-5990). Driver is responsible for filling out a State Accident Report as well as an accident report with Public Safety (University Services Building, Room 102). ■ Vehicle must not be driven off road. ■ Vehicle will not be used for any unlawful purposes, or in any race, speed test, or contest. ■ Any person under the influence of narcotics, intoxicants, or prescription drugs, which impair, will not operate the vehicle. ■ Driver must be a current faculty, staff, or student of Seattle University. ■ Driver must be a licensed driver age 21 or older. ■ Driver affirms that s/he has not received more than three moving violations over the last three years, and has notified Public Safety of the circumstances involved concerning each violation received.

SU VAN CHARGES: Basic Rental Fee \$12.25 ■ Mileage Fee \$0.43 per mile driven over 25 miles ■ Trash Disposal \$50.00

■ **Penalty \$12.25 for each of the following violations:** Failure to cancel reservation 24 hours prior to check-out time, failure to clean vehicle and return in same operational condition as when checked out, failure to accurately record beginning and ending mileage, failure to attach gas receipt / fill gas tank, failure to return contract, smoking in van (no smoking allowed in van).

2. DRIVER INFORMATION (FOR THIS VAN ONLY): By signing below, the driver understands and agrees to the terms of usage as outlined above, and abides by all regulations outlined in the driver authorization process:

Driver A _____ Signature _____

License Number _____ State _____ Expiration _____

Driver B (if applicable) _____ Signature _____

License Number _____ State _____ Expiration _____

DRIVER CAUTION ADVISORY – ROLLOVER: Large passenger vehicles of this type are more susceptible to rollover accidents. Always distribute weight loads (passengers & baggage) evenly in the vehicle. Never put anything on the exterior roof of the vehicle. When cornering or turning the vehicle, travel at slower speeds. Avoid abrupt turning and braking. Always drive safely to fit the current road conditions. Never exceed posted speed limits. **Initial Here: Driver A** _____ **Driver B** _____

3. RESERVATION INFORMATION: Contract will not be processed until this section is completed and submitted.

Department _____

Group/Club Name _____

Invoice will be emailed to _____

Contact Name / Phone _____

Pick-up Date _____ Time _____

Return Date _____ Time _____

Destination _____

* **Account to Debit** ☐ ☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐ - 61068

I have read and understand the terms of usage as outlined in this contract, and therefore, knowingly approve the above reservation.

X _____

Department Head Printed Name and Signature

FOR OFFICE USE ONLY:

Contract received _____

Customer notified _____

Calculated Charges

Basic Rental Fee = \$12.25

Mileage:

_____ -25 = _____ X \$0.43 = \$ _____

Penalty Fees: = \$ _____

* **Controller: please credit account**
11 - 418900 - 68006 for the amount of:

\$ _____

☐ EMS Invoiced on _____

VAN RETURN CHECKLIST: (FOR OFFICE USE ONLY)

☐ Mileage logged ☐ Inside of vehicle is clean ☐ Fuel receipt attached ☐ Maintenance issues reported to PS/ other notes:

DRIVER MILEAGE LOG:

✓ Begin mileage _____ End mileage _____ Total mileage usage _____ VAN Assigned _____