

Today's Date: _____



Fax Reservation Request to:
Fax (716) 632-2796

Budget Car and Truck Rental Information:
Phone (716) 632-4662

Note: This form is to be used for official University at Buffalo business only.

Driver's Name: _____ Pickup Date: _____
 Department: _____ Pickup Time: _____
 Phone #: _____ Return Date: _____
 Authorized Signature: _____ Return Time: _____

Pickup Location:

<input type="checkbox"/> Marriott Hotel 1340 Millersport Amherst - 689-4535	<input type="checkbox"/> Cheektowaga - Open 24 hours 3999 Genesee Cheektowaga - 632-4675	<input type="checkbox"/> Buffalo Niagara International Airport Genesee & Cayuga Streets Cheektowaga - 632-6400
<input type="checkbox"/> Downtown Buffalo 161 Elmwood Avenue Buffalo - 882-7045	<input type="checkbox"/> Southtowns 3621 Southwestern Orchard Park - 662-5071	<input type="checkbox"/> Niagara Falls Niagara Falls Blvd. @ Porter Rd. Niagara Falls - 298-4258

NOTE: Pickup and return must be at the same location.

Vehicle Class Desired:

<input type="checkbox"/> Compact - \$39.27/day	<input type="checkbox"/> Mid-size - \$41.89/day	<input type="checkbox"/> Full-size - \$43.80/day
<input type="checkbox"/> 14' Truck - \$40.80/day	<input type="checkbox"/> 7 Pass. Minivan - \$60.23/day	<input type="checkbox"/> 12 Pass. Van - \$89.50/day
<input type="checkbox"/> 12' Cargo Van - \$39.27/day		

Rates effective through 7/31/2007 are based on a 24-hour day and include unlimited mileage. Fuel is the responsibility of the renter.

Payment Directions:

State Account Speed Order No: _____ Fax P.O. with this form
 State Purchase Order No: _____ Fax P.O. with this form

Research Acct Research Purchase Order No: _____ Fax P.O. with this form

Destination: _____ Purpose: _____

UBF/FSA Direct Bill Number: _____ **Renter must present Faculty/Staff UB Card at pickup**
 Bill to Department: _____
 Address: _____

Credit Card
 Credit Card Type: _____ Credit Card No: _____
 Expire Date: _____ Name: _____

NOTE: The cardholder and the driver/renter must be the same person
Renter must present Faculty/Staff UB Card and the credit card at time of rental

RECEIPT OF THIS RESERVATION WILL BE ACKNOWLEDGED AND A CONFIRMATION NUMBER WILL BE SUPPLIED.

Budget should fax confirmation to: Name: _____
 Fax #: _____

VENDOR USE

Confirmation #: _____ **By:** _____ **Date:** _____