

Rental Car Request Form

Renter Information:		
Name:		Email:
Headquarters Address:		Phone:
City/State/Zip:		
Business Purpose: Please provide brief desc	cription of your reason for t	ravel.
Rental Information:		
Rental Company:		
Pick-Up Location:		Pick-Up Date:
Return Location:		Return Date:
Vehicle Class/Type:		Rental Quote:
Additional Information:		
Will this be the primary method of tran	sportation to and fror	n your headquarters location and the meeting
location?		
Yes	No	
Will multiple meeting attendees be tra	veling with you?	
Yes	No	
Do you own a reliable personal vehicle	?	
Yes	No	
I Contifu That		
I Certify That: 1. I have considered other methods of travel and	d a rantal car is the most se	st offestive
This request is correct to the best of my know		st effective.
2. This request is correct to the best of my know	icage.	
Signature:		Date:
This request must be e-signed or signed and scal	nned and sent to patrick.pa	ssmore@txcourts.gov no later than five days prior to rer

This request must be e-signed or signed and scanned and sent to patrick.passmore@txcourts.gov no later than five days prior to rental pick-up date. If the request is not received rental cost will not be reimbursed.

	For Commission Use Only:	
Commission Approval:	Date:	