



WMU Travel Enterprise Rent-A-Car

WESTERN MICHIGAN UNIVERSITY

Fax Form

Date: _____
To: Enterprise Rent-A-Car Fax Number: (269) 372-8806
From: _____ Fax Number: _____

Registration Information

Vehicle Desired: _____

7ca a Ybltg:

Primary Driver: _____

Secondary (If Needed): _____

Tertiary (If Needed): _____

Confirmation Phone #: _____ Confirmation Email: _____

Department: _____

Requested By: _____

Enterprise Hours of Operation
Monday-Friday 8 a.m.-6 p.m.
Saturday 9 a.m.-12 noon

Dates of Travel: Departure Date: _____ Pickup Time: _____

Return Date: _____ Return Time: _____

Destination: _____

Purpose: _____

Requestor's Signature: _____

Payment

Payment Method by Procurement Card or Fund/Cost Center:

Name on Procurement Card: _____ Card #: _____

Signature Exp. Date

Fund/Cost Center: _____ -4988

Please fax this form to (269) 372-8806