

COLUMBUS STATE

COMMUNITY COLLEGE

RENTAL CAR REQUEST FORM

NAME

DATE(S) RENTAL IS NEEDED

LOCATION OF RENTAL (City/State)

JUSTIFICATION FOR RENTAL CAR

Cost Estimate of Rental Car

Estimated Cost of Rental Car

Estimated Cost of Gas

Estimated Cost of Parking

Total Estimated Cost for Rental Car

Chair/Supervisor

Date

Dean/Director

Date

Cabinet (Executive Office)

Date

President

Date

Forward completed form to Travel Office or email to travel@csc.edu