

VEHICLE RENTAL - DIRECT BILLING



Marshall University
Accounting Office
Room 203, Old Main
Huntington, WV 25755

Phone 304-696-6488
Fax 304-696-3289

| | | | | | |
|------------------------|-------------|------------|---------------|---------------|----------------|
| Travel Order # | | | | | |
| FEIN Vendor ID# | | | | | |
| FIMS Vendor ID# | | | | | |
| Date Prepared | | | | | |
| Fund | Area | Org | Object | Amount | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Estimated Costs | | | | | → Total |

| Vendor Information | |
|---------------------------|--|
| Name | |
| Address | |

| Contact Person Information | |
|-----------------------------------|--|
| Name | |
| Department | |
| Phone Number | |

To the Transportation Provider:

Please accept this travel order for bus ___/car rental ___ for the following traveler. An original itemized invoice should be submitted to the above listed university office with reference to the travel order number above.

| Traveler's Plans | | |
|-------------------------|------------|-----------------|
| Name: | | Dates of Travel |
| | City/State | |
| from: | | |
| to: | | |

Instructions to Requester:

This form is to be submitted to the University Accounting Office along with the Travel Authorization Request form. You should check with the vendor to make certain this order will be accepted.

Direct payment of bus ___/car rental ___ to the listed vendor is requested. I understand that payment will not be made to this vendor until after the event and only upon receipt of an itemized invoice.

| | |
|------------------------|------|
| Signature of Requester | Date |
|------------------------|------|

| |
|-------|
| Title |
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|--|------|
| Approved by Vice-President, Dean or Director | Date |
|--|------|

| |
|-------|
| Title |
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|--|------|
| Approved by University Accounting Office | Date |
|--|------|

| |
|-------|
| Title |
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