

UNIVERSITY OF SANTO TOMAS
UST-SIMBAHAYAN COMMUNITY DEVELOPMENT OFFICE

Vehicle Rental Endorsement Form No.____

VEHICLE RENTAL ENDORSEMENT FORM

Date: _____

Director
UST Purchasing Office

Borrower (s): _____
Contact Person: _____ Contact Number: _____
Purpose/Title of the Activity: _____
Destination: _____
Date of Trip: _____ ETD/ETA: _____
Place of Pick-up: _____ No. of Passengers: _____

Vehicle Type:

☐ Bus ☐ Coaster ☐ Van ☐ Others _____

Endorsed by:

Director
UST-SIMBAHAYAN Community Development Office

Note: Please charge account to

- () UST-SIMBAHAYAN CD Office
() NSTP
() UST-SIMBAHAYAN CD Office (University-Wide CSF)
() UST-SIMBAHAYAN CD Office (Faculty/College CSF)
Faculty/College: _____