



**GREENSLATE**

**61 Main St  
Delhi, NY 13753  
212.206.1099 Tel.  
212.206.1070 Fax**

CAR RENTAL FORM

PRODUCTION COMPANY: \_\_\_\_\_

PRODUCTION TITLE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_ Last 4 S.S.#: XXX-XX- \_\_\_\_\_

LOAN OUT: \_\_\_\_\_ FED ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSITION: \_\_\_\_\_ TEL: \_\_\_\_\_

THE FOLLOWING CAR WILL BE RENTED FROM THE UNDERSIGNED EMPLOYEE

CAR DESCRIPTION: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

RENTAL RATE: \_\_\_\_\_ PER DAY / WEEK (circle one)

RENTAL PERIOD: \_\_\_\_\_ # OF DAYS: \_\_\_\_\_

TOTAL AMOUNT:                   \$       \_\_\_\_\_

PAYMENTS FOR VEHICLES THAT ARE BASED ON \$\$/DAY OR BY ANY OTHER METHOD OTHER THAN \$\$/MILE (MILEAGE REIMBURSEMENT) ARE FULLY TAXABLE.

RENTALS WILL NOT BE PAID ON DAYS NOT WORKED. FOR MILEAGE REIMBURSEMENT. PLEASE COMPLETE "MILEAGE REIMBURSEMENT" FORM

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_