## W.L. ROENIGK INC.

## **798 EKASTOWN ROAD SARVER, PA 16055**

PHONE: 724-353-1515 FAX: 724-353-2807

## When calling about this Charter, use this number:

\*\*If you have not received a number in this box from us, please note that your charter has not been booked

CHARTER REQ	UISITION VEHICLE	RENTAL ORDER DATE:	
GROUP OR SCHOOL NAME:	l		
PHONE:	EMAII	L:	
ORDER INFORMATIO	<u>N:</u>		
ORDERED BY:		FAX #:	
DATE OF TRIP:		DAY OF WEEK:	
TEAM OR ACTIVITY:		# OF STUDENTS: # OF ADULTS:	
VEHICLE REQUESTED:	#84 56 passengers #72 48 passengers	#30 20 passengers #24 16 passengers	#10 9 pass. van #1 wheelchair van
#84 is an additional charge and are limited in quantity.			
PICK UP LOCATION:			
OOOR #/ENTRANCE:	OR #/ENTRANCE: DEPARTURE FROM ORIGIN:		
DESTINATION:			
TIME LEAVING DESTINATION: TIME RETURNING TO ORIGIN:			
PRICING INFORMATION	N:		
RICE QUOTED:UP TO HOURS OVERTIME PRICE PER HOUR: \$			JR: \$
harged an additional \$75.00 p f there are issues with charging additional fees.	er vehicle. g the credit card on file, the bo	e or not returning for in-district poking party will be responsible are subject to a \$75.00 cancel	e for any and all
ime to and from the garage. All trips must be paid via Credit	an estimated time for a pre- & Card one business day before	& post- trip inspection of each we the trip is scheduled. The charged to the Credit Card	
By signing below, I acknowledg	e and accept all of the charges	s listed on this charter requisiti	on form.
Signature		Date	
	VEHICLI	E RENTAL	
ENDING MILEAGE: TOTAL MILES:		STARTING MILEAGE:  NO. of DAYS:	
	@ =	NO. of DAYS:@ TOTAL CHARGES: \$	<u></u>