



GREENSLATE

150 West 30th Street, Suite 405

New York, NY 10001

212.206.1724 Tel.

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CAR RENTAL FORM

PRODUCTION COMPANY: _____

PRODUCTION TITLE: _____

EMPLOYEE: _____ S.S.#: _____

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: _____