AUTHORIZATION TO EXPEDITE CAR RENTAL

Vendor: Enterprise Rent-A-Car  Hertz - Plattsburgh International Airport
334 Cornelia St.  42 Airport Road  Suite 141
Telephone #: 518-566-0190  Telephone #: 518-563-2051
Fax#: 518-561-3975
SFS# 10000 49835
Account #: JN0192

Traveler: ___________________________  Date ___________________________

Dates: ______________________________

Pick Up Times: ___________________________  Purchase Order No.________________________

Additional Traveler: _______________________

Destination: ___________________________  Dept. Account No._______________________

NEW RATES (eff. 2/15/12 – 10/18/15) + CDW INSURANCE / DAILY RATES

<table>
<thead>
<tr>
<th>Enterprise Rates</th>
<th>Hertz Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compact</td>
<td>$ 30.09</td>
</tr>
<tr>
<td>Mid-Size</td>
<td>$ 31.92</td>
</tr>
<tr>
<td>Full Size</td>
<td>$ 34.41</td>
</tr>
<tr>
<td>Minivan</td>
<td>$ 51.65</td>
</tr>
<tr>
<td>Sm SUV</td>
<td>$ 52.65</td>
</tr>
</tbody>
</table>

** arrangements may be made for these

Circle the Price/ Vendor or complete the box below

______ Days* @ ______ = $ __________ Car Rental + Insurance

With this new contract, the CDW insurance is included in the pricing.

Department Contact ___________________________  Telephone No. ________________
Fax No. ___________________________

Department Authorized Signature ___________________________  Additional Authorization – VP / President

Procedures:
1. Complete Form (Driver must be on current Plattsburgh State LENS list)
2. Fax form to Purchasing at 4602.
3. Purchasing will review, approve and assign a PO# - then will fax back to department.
4. Department handles arrangements with Enterprise or Hertz.

NOTE: By applying to use a State owned/operated/leased/rented/CAS or personal vehicle on State business and signing this document, I certify that I do not have any mental conditions nor will I be taking any prescribed or over-the-counter medicine that would impair my ability to operate a motor vehicle.