AUTHORIZATION TO EXPEDITE CAR RENTAL

Vendor: Enterprise Rent-A-Car
334 Cornelia St.
Telephone #: 518-566-0190
Fax#: 518-561-3975
SFS# 10000 49835
Account #: JN0192

Hertz - Plattsburgh International Airport
42 Airport Road Suite 141
Telephone #: 518-563-2051
SFS# 11000 16248
Hours of Operation: M-F 9am – 5 pm

Traveler: ___________________________  Date ___________________________

Dates: _______________________________

Pick Up Times: ______________________  Purchase Order No. __________________

Additional Traveler: _________________

Destination: _______________________  Dept. Account No. ___________________

NEW RATES (eff. 5/1/12 – 10/18/12) + 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>
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<tr>
<td>Sm SUV</td>
<td>$ 52.65</td>
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<tr>
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<td>N/A</td>
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<tr>
<td></td>
<td>$ 31.00</td>
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<td></td>
<td>$ 33.00</td>
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<td></td>
<td>$ 54.00 **</td>
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<tr>
<td></td>
<td>$ 59.00 **</td>
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</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.