

DISTRICT VEHICLE USE REQUEST

DRIVER: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

NUMBER OF PASSENGERS: (INCLUDING DRIVER): \_\_\_\_\_

DATE DEPARTING: \_\_\_\_\_ DATE RETURNING: \_\_\_\_\_

TIME DEPARTING: \_\_\_\_\_ APPROX. TIME RETURN: \_\_\_\_\_

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DRIVER IS NOT TO TRANSPORT STUDENTS IN DISTRICT VEHICLES WITHOUT PROPER TRAINING AND TYPE 10 CERTIFICATION.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DRIVER

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DRIVER IS TO COMPLETE THIS SECTION AND RETURN, WITH VEHICLE, TO THE BUS GARAGE AT END OF TRIP.

BEGINNING MILES: \_\_\_\_\_ ENDING MILES \_\_\_\_\_

FUEL PURCHASED \_\_\_\_\_ (gallons) – ATTACH RECEIPT

OTHER EXPENSES: AMOUNT: \_\_\_\_\_ ITEM(S) PURCHASED \_\_\_\_\_

RECEIPTS MUST BE RETURNED FOR ALL PURCHASES.

VEHICLE PROBLEMS / DEFICIENCIES: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

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TOTAL MILES \_\_\_\_\_ FUEL USED: \_\_\_\_\_ GALLONS.

TOTAL EXPENSES \_\_\_\_\_ VEHICEL # \_\_\_\_\_