

REQUEST FOR DISTRICT VEHICLE

Vehicle Assigned: _____

Date(s): _____

For Staff Use Only

(Student Field Trips must be entered in the InfoFinder System)

IMPORTANT: This form must be received in the Vehicle Maintenance Office a minimum of two (2) weeks prior to the scheduled trip date. We realize you may not be given a two week advance notice, and every effort will be made for last minute requests. However, we cannot guarantee a vehicle will be available.

DATE: _____ **Note: All vehicles will be picked up from/returned to Vehicle Maintenance**

SCHOOL: _____ **Department / Activity:** _____

DESTINATION: _____ **DATE OF TRIP:** _____

DEPART FROM: _____ **DEPARTURE TIME:** _____ **AM / PM**

DRIVER'S NAME: _____ **RETURN TIME:** _____ **AM / PM**

NUMBER OF ADULT PASSENGERS: _____

SPECIAL INSTRUCTIONS: _____

PERSON FILLING OUT REQUEST: _____ **PHONE:** _____

(Please Print)

____ **Approved** **SIGNED:** _____ **DATE:** _____

____ **Denied** (Site Administrator)

Completed requests may be sent via district mail to the Vehicle Maintenance Dept., faxed to 782-8941, or scanned and e-mailed to emartin@dcsd.k12.nv.us.

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Approved _____ Denied _____

Exhibit H _____ Admin approval _____ Calendar _____ Log _____

Notified _____