Vehicle #	
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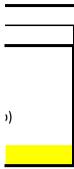
## **Grayson College**

## **Vehicle Request Form**

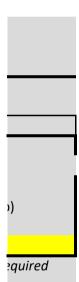
Vehicle keys & gas cards are available from 8am-4pm on working days in the Facilites Services Office. It is the responsibility of the driver to know the GC policy.

Today's Date:			Vehicle:	Car	
Requested By:	ı	Print Name		Van Bus (2 available)	
Driver's Name:		Print Name			
Department Acct #:			Dept. Ph	# :	
Vehicle Usage Dates:	Pick up Return		# of Facul		
Destination:	_				
Department Chair :				Date :	
Pre-Trip Vehicle Ins	spection: (	Inspection is to be	e completed befo	re receiving keys)	
•	Completed	· 	· · · · · · · · · · · · · · · · · · ·	omments	
Gas :					
Headlight/Wipers					
Brake Lights					
Tires(Wear & Inflation)					
Tires(Wear & Inflation) Seat Belts					
Tires(Wear & Inflation)					
Tires(Wear & Inflation) Seat Belts Body Damage					
Tires(Wear & Inflation) Seat Belts Body Damage				Signature	
Tires(Wear & Inflation) Seat Belts Body Damage	Office Use	Only:			eage:
Tires(Wear & Inflation) Seat Belts Body Damage Windshields	Office Use				eage:
Tires(Wear & Inflation) Seat Belts Body Damage Windshields	nnual Training oster Turned Ir				eage:
Tires(Wear & Inflation) Seat Belts Body Damage Windshields  A	nnual Training oster Turned Ir Driving List	1		Mile Beginning Mileage:	eage:
Tires(Wear & Inflation) Seat Belts Body Damage Windshields  A Ro	nnual Training oster Turned Ir Driving List R/Driving Reco	n ord		Mile	eage:
Tires(Wear & Inflation) Seat Belts Body Damage Windshields  A Ro	nnual Training oster Turned Ir Driving List	n ord		Mile Beginning Mileage:	eage:

Date:			_			
Destination:				-	Vehicle #:	
	Mileage cards MUST I	be returne	d and sianed	l upon retu	rnina kevs.	
			a unu orginee	. ирол госо	my neys.	
Mileage: Beginning		]				
Ending						_
Total miles Traveled:		x \$.56 =	\$			(cost of trip
		A 10 11	wayal of Cha			
		Арр	oroval of Cha	arges:	Driver	Signature Re
					Dilver	Signature ne
Date:			_			
Destination:					Vehicle #:	
Destination:				•	vernere m.	
	Mileage cards MUST	be returne	d and signed	l upon retu	rning keys.	
		7				
Mileage: Beginning						
Ending Total miles Traveled:		x \$.56 =	\$			(cost of trip
rotar rimes rraveled.		]v 4.50	Ψ			1(0036 0) (1)
		Арр	roval of Cha	arges:		
					Driver .	Signature Re
Date:			_			
Destination:				•	Vehicle #:	
	Mileage cards MUST	be returne	d and sianed	l upon retu	rnina kevs.	
					g	
Mileage : Beginning						
Ending		_				٦
Total miles Traveled:	L	x \$.56 =	\$			(cost of trip
		Apr	oroval of Cha	arges:		
Ī		L		3		



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## **VEHICLE ROSTER**

	VAN/PEOPLE MOVER #		
	DATE OF TRIP:		
	STUDENT & DRIVER NAME	EMERGENCY #	EMERGENCY CONTAC
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

Please print or type above information

<u>T</u>

Date:		•		Baseball		Softball
Destination:					Vehicle #:	BL
	Mileage cards MUST I	he returned	d and signed	l unon retu	rnina kevs	
	Willeage caras WOST R	oe returnet	ana signea	тироптеси	Tilling Keys.	
Mileage : Beginning Ending		]	<b>-</b>			J
Total miles Traveled:		x \$.56 =	\$			(cost of trip
		Арр	roval of Cha	irges:		
					Driver	Signature Re
Date:		_		Baseball		Softball
						_
Destination:				_	Vehicle #:	BL
	Mileage cards MUST I	be returned	d and sianed	l upon retu	rnina kevs.	
				•	<u> </u>	
Mileage : Beginning						
Ending						7
Total miles Traveled:		x \$.56 =	\$			(cost of trip
		App	roval of Cha	rges:		
				<b>0</b>	Driver	Signature Re
Date:				Baseball		Softball
				•		
Destination:				_	Vehicle #:	BL
<u></u>						
	Mileage cards MUST	pe returned	and signed	upon retu	rning keys.	
Mileage: Beginning		1				
Ending		1				
Total miles Traveled:		x \$.56 =	\$			(cost of trip
,		_				<u>.</u>
		App	roval of Cha	rges:		



equired:

