

## Galt Joint Union High School District Vehicle Request Form

(District Passenger Vehicles only)

*(Contact Fcy p'Rkpcueq'cyfrlpceqB i cn0840c0wu for vehicle availability)*

Sej qqn'Ukg: "\*\*\*\*\*" Date of Request: \_\_\_\_\_  
 Requestor: \_\_\_\_\_ Activity: \_\_\_\_\_  
 Depart Date: \_\_\_\_\_ Depart Time: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Driver's Name: "\*\*\*\*\*" F gr ctvo gpv<  
 Number of Passengers - Pupils: \_\_\_\_\_ Adults: \_\_\_\_\_ Total Count: \_\_\_\_\_

Principal/Athletic Director Approval: \_\_\_\_\_

Vehicle I.D. #: \_\_\_\_\_ Odometer Ending: \_\_\_\_\_  
 Credit Card Issued: yes/no Last 4 digits: \_\_\_\_\_ Odometer Beginning: \_\_\_\_\_  
 Credit Card Issued to: \_\_\_\_\_ Total Miles: \_\_\_\_\_  
 Department Accounting Code: - - - - -

Fund Resource Year Object Location Goal Function

### Passenger Information

List names of all passengers being transported:

1 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_  
 5 \_\_\_\_\_ 6 \_\_\_\_\_  
 7 \_\_\_\_\_ 8 \_\_\_\_\_

### Group Responsibilities

The driver is responsible for making sure that all students are wearing their seatbelts. The district will not reimburse the driver or students for any citations they receive. **Please Note:** This form, district credit card, and the vehicle keys must be returned to the transportation department when the vehicle is returned. If the transportation office is closed, forms, and keys should be placed in the key box adjacent to the roll-up door. Vehicles must be returned immediately upon completion of trip so they are available for other groups. Keys are not to be left in vehicles. Credit cards must be returned to the Transportation Dept. immediately to avoid loss or misuse. The vehicle must be returned with all windows up, locked/secure and clean inside. Vehicles returned in an unacceptable condition will result in cleaning and/or repair charges to the responsible group. Please list any mechanical issues or damage on the bottom of this form.

I hereby acknowledge that I have been informed of my responsibility regarding use of district vehicles:

Driver's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle Defects Noted: \_\_\_\_\_

### **BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY**

Total Miles X \$.60 per mile = \$ \_\_\_\_\_  
 Additional Charges: \$ \_\_\_\_\_  
 Vehicle Rental Charges: \$ \_\_\_\_\_  
**Total Charges:** \$ \_\_\_\_\_

Revised 9BB3 .....