

Atwater Elementary School District

“District Vehicle” Use Request

Submit this request to the transportation department
FIVE (5) days prior to the date of the trip.

School/Site:

Date:

Person Requesting Vehicle:

.....

Date(s) of trip:

Destination:

Address:

Phone:

.....

Vehicle Requested

Van

Car

of passengers:

Designated Driver:

Driver License #:

.....

Vehicle pickup time:

Vehicle return time:

Budget Account:

School/Site Approval: _____ Transportation Approval: _____

.....

Beginning mileage: _____ Ending mileage: _____ Total mileage: _____

Fuel/Gallons: _____ Cost: _____