REQUEST FOR USE OF SANTA ROSA JUNIOR COLLEGE VEHICLE

DATES OF TRIP _____ DESTINATION _____
(City and County)

PURPOSE OF TRIP_____

Departure time from SRJC: _____AM/PM Number of Passengers: _____

Arrival time back to SRJC: _____AM/PM Vehicle(s) Preferred: _____

EQUIPMENT TO BE CARRIED: _____

DRIVER(S) OF CAR(S): _____EXT: _____

_____EXT: _____

I UNDERSTAND THAT ONLY AUTHORIZED DRIVERS ARE TO DRIVE SCHOOL VEHICLES, AND THAT NO SMOKING IS ALLOWED IN ANY DISTRICT VEHICLE. (REF. POLICY 4.11.4).

REQUESTED BY _____
(Name) (Department) (Ext)

BUDGET CODE: _____-_____-_____-_____-_____
(Please check appropriate object code.)

____5210 Conference/Travel-Staff
____5220 Travel/Student
____5230 Mileage Allowance
____5610 Travel-Athletics
____5620 Field Trips

APPROVED BY: _____ _____
Department Chair/Coordinator Date

_____
Please Print Name

FOR OFFICE USE ONLY

Vehicle Assigned _____ _____Keys Returned

Credit Card Assigned: _____ _____Credit Card Returned

MILEAGE:

End						End						
Start						Start						
Total						Total						

VEHICLE NOT AVAILABLE – DEPARTMENT NOTIFIED_____

ALTERNATE SUGGESTION: _____

Vehuse
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