



Vehicle Request#: _____
(For MD use only)

Maintenance Department

Vehicle Transportation Request

Today's Date: _____

Requested By: _____

Destination: _____

Type of Vehicle needed: Car Mini-van 15 passengers Shuttle Bus
(Please circle)

How many vehicles needed: _____

Date/Time Leaving: _____

Date/Time Return: _____

Supervisor's Approval: _____

Vehicle Available: Yes No
(For MD use only)

Director of Transportations Approval: _____

Please call 331-0815 if you have any questions