To be completed by the Transportation Director:			
Driver:	Car/Van:		

USD 372 Transportation Request Form (for activities other than field trips/athletics)

This form should be completed by the staff member and sent to the Transportation Director at **least two** weeks prior to the activity. The Transportation Director will email confirmation to the staff member.

Date submitted:	Date of trip:
Staff member requesting:	
*******	**********************
Activity:	
Destination:	
Departure time:	Return time:
Number of passengers (include	ing driver):
*******	***********************
Driver has checked the vehicle	prior to and after the trip and can say it was in good condition.
	Driver signature
The driver found the following	s issues that need to be checked on the vehicle:

Beginning mileage:*This mileage must match wh	Ending mileage: Total Miles:at is recorded in the vehicle log book by the driver.
*******	******************
This area	s completed by the Transportation Director after the activity
Vehicle checked for damage/	rash/etc:
Mileage checked against log b	ook: