

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: _____