

**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: \_\_\_\_\_