

# IRVING ISD VEHICLE REQUEST

Maintenance Department

Vehicle Assignment \_\_\_\_\_

**NOTE: PLEASE DO A SEPARATE REQUEST FOR EACH VEHICLE**

*Fax completed requests to 972-261-5114 for processing.*

SCHOOL/DEPT. _____	DATE(S) OF TRIP _____
ACCOUNT CODE _____	
DESTINATION _____	
TYPE OF VEHICLE REQUESTED _____ VAN _____ TRUCK _____ SUBURBAN _____	
TIME OF DEPARTURE _____	DATE & TIME OF RETURN _____
NUMBER OF PASSENGERS _____ (including the driver)	
<i>Please Note: No more than 8 people, including the driver, can ride in one van.</i>	
DRIVER(S): _____	
PURPOSE/OBJECTIVE _____	
PERSON MAKING REQUEST _____	
GAS CREDIT CARD NEEDED _____ YES _____ NO	
AUTHORIZED BY _____ (Principal, Dept. Head, etc.)	

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DRIVER TO COMPLETE THE FOLLOWING.	MAINTENANCE TO COMPLETE THE FOLLOWING.
<p><b>NOTE TO DRIVER:</b> Make note of visual abnormalities PRIOR to use of this vehicle. Items not noted could be charged to the department responsible for using the vehicle. (See checklist below.)</p>	
ENDING MILEAGE _____	MILES _____ x RATE @ _____ PER = _____
BEGINNING MILEAGE _____	
TOTAL MILES TRAVELED _____	
ENDING TIME (TRUCKS) _____	MILES _____ x RATE @ _____ PER = _____
BEGINNING TIME (TRUCKS) _____	
TOTAL TIME (TRUCKS) _____	TOTAL COST OF TRIP: _____
DRIVER SIGNATURE _____	
<b>CHECK ALL THAT APPLY:</b>	
DEPARTURE      RETURN	DEPARTURE      RETURN
GAS TANK FULL	GAS TANK FULL
DAMAGED SEATS	DAMAGED SEATS
FLOORS DIRTY	FLOORS DIRTY
BROKEN WINDOWS	BROKEN WINDOWS
BODY DAMAGE	BODY DAMAGE
OTHER (Explain Below)	OTHER (Explain Below)
SUGGESTED REPAIRS TO VEHICLE:	TOTAL DAMAGE TO VEHICLE      \$ _____
_____	CREDIT CARDS ISSUED: SHELL # _____
_____	VEHICLE APPROVED      _____ YES      _____ NO
_____	