



# IRVING ISD VEHICLE REQUEST



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

Note: Please Complete A Separate Request Form For Each Vehicle Reservation  
Fax Completed Request To 972-261-5114 For Processing

School/Department: \_\_\_\_\_ Date(S) Of Trip: \_\_\_\_\_

Account Code: \_\_\_\_\_

Destination: \_\_\_\_\_

Pick-Up Time: \_\_\_\_\_ Date & Time Of Return: \_\_\_\_\_

Number Of Passengers: \_\_\_\_\_ (including the driver)

Driver: \_\_\_\_\_

I \_\_\_\_\_ Affirm That My State-Issued Driver License Is Valid.  
(Driver Signature)

Additional Driver \_\_\_\_\_

I \_\_\_\_\_ Affirm That My State-Issued Driver License Is Valid.  
(Additional Driver Signature)

Purpose/Objective: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Gas Credit Card Needed:  Yes  No

Authorized By (Principal, Dept. Head, Etc.): \_\_\_\_\_

Driver License Visually Checked By (Facilities/Security Personal): \_\_\_\_\_

### DRIVER TO COMPLETE THE FOLLOWING

NOTE TO DRIVER: 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).

Ending Mileage: \_\_\_\_\_

Beginning Mileage: \_\_\_\_\_

Total Miles Traveled: \_\_\_\_\_

\_\_\_\_\_  
Driver Signature

### CHECK ALL THAT APPLY

	Departure	Return
Gas Tank Full		
Seat Condition		
Floor Condition		
Window Condition		
Body Condition		

Other: \_\_\_\_\_

Suggested Repairs to Vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_