

EVENT SERVICES VEHICLE AND GAS CARD REQUEST

NOTE: All travel requests are to be sent to the Business Office prior to travel per AP & BP 7400. **This form is for the District Vehicle Request and Gas Card ONLY.** The use of District-owned vehicles by employees shall be limited to transacting official District business. The use of such vehicles for personal convenience is prohibited. When not in use for District purposes, all District-owned vehicles shall be parked on College premises in a location designated for that purpose. District vehicles can ONLY be used to transport District Employees and District Students.

A VALID DRIVER'S LICENSE MUST BE PRESENTED AT THE TIME OF VEHICLE & GAS CARD CHECKOUT

EMPLOYEE CONTAC	T INFORMATION					
Name (First & Last):					Cell Phone #:	
Department/Division:					Email:	
TRIP INFORMATION Schedule:			ture Time	Return Date	Return Time	
Destination Address:	Departure Dute	Бери	ture riine	Neturi bute	netarii riine	
Trip Type (select one):	☐ Out of District (see attached District Service Area Map) ☐ In District					
# of Passengers: Employee Names:	# of District Employees (including driver):				# of District Students:	
					(Employees must have an approved PA to travel out of District; not required for In-District & applicable Athletic trips;):	
VEHICLE, GAS CARD, & DRIVER INFORMATION						
Please return vehicle with a full tank of gas. Driver and Gas Procurement Card Agreement is required. Only District employed personnel (not student workers) will be granted the right to operate a District vehicle off-campus.						
Requesting Driver:	□Yes	Name of employee(s) attended in the large of employee(s) attended in the event driver under the event driver unde		(required even if requ	esting	
Requesting Gas Card ONLY:	□Yes	□No				
Vehicle Request:	□Not Applicable	□25 Passenger icable Bus (AVC Driver Required)		□8 Passenger Van (7 + driver)	□10 Passenger Van (9 + driver)	
				□32 Passenger Bus (AVC Driver Required)	□Other	
AUTHORIZATION						
Employee Contact:						
	Nam	e		Signature	Date	
Employee Contact Supervisor:						

^{*} SUBMIT SIGNED AND COMPLETED FORM VIA THE FACILITIES SERVICES WORK REQUEST SYSTEM.



DISTRICT SERVICE AREA MAP

District Boundary Map with zip codes: https://www.avc.edu/about-avc



