

CONTACT INFORMATION

FACILITIES VEHICLE 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 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.

Contact Name:		
	First	Last
Contact Information:		
	Phone Number	Email Address
Department/Division	ı:	·
	Name	Email Address
TRIP INFORMATI	ION	
Schedule:		
	Departure Date & Time	Return Date & Time
Destination Location /Address:		
Out of District	District Service Area Map on Reverse S	Side for Reference
	Sistinct Service / Wed Wap on Neverse S	nac for regerence
Total Number of Passengers:	Including Driver	
VEHICLE & DRIVI	ER INFORMATION	
	_	ocurement Card Agreement is required. Only District right to operate a District vehicle off-campus.
AVC Driver Requeste	d: No	Yes
Vehicle Requested:	6 Passenger Mini Van (5 + driver) 8 Passenger Van (7 + driver) 10 Passenger Van (9 + driver)	25 Passenger Bus (AVC Driver Required)32 Passenger Bus (AVC Driver Required)Other:
AUTHORIZATION	<u>.</u>	
Pre-Approval Numbe	ır:	
FF	From Business Office Travel Authoriza	ation Date

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

DISTRICT SERVICE AREA MAP ON REVERSE SIDE OF THIS FORM.



DISTRICT SERVICE AREA MAP

