

ALLENDALE COUNTY SCHOOL DISTRICT

VEHICLE REQUEST FORM

To be used with all request for ACS District vehicles. This request is subject to approval.

Name _____ Today's Date _____

School _____ Date(s) Needed (inclusive) _____

Vehicle(s) Requested: _____

****Bus reservation requires certified driver (CDL) (Not the Mini Bus)**

DESTINATION _____

PURPOSE OF TRIP _____

DEPARTURE DATE & TIME _____

RETURN DATE & TIME _____

DRIVER _____ DL _____ STATE _____

DRIVER _____ DL _____ STATE _____

DRIVER _____ DL _____ STATE _____

.....
VEHICLE IS AVAILABLE _____

VEHICLE IS NOT AVAILABLE _____

APPROVALS (ONLY ONE SIGNATURE REQUIRED):

PROJECT ASSISTANT/RECEPTIONIST _____

SUPERINTENDENT _____