

FORT DAVIS INDEPENDENT SCHOOL DISTRICT

Vehicle Request / Vehicle Report

Approved by: _____ Date: _____

OFFICE USE: _____

Organization: _____ Destination: _____

Number of Riders: _____ Students _____ Chaperones/Teachers _____

Driver's Name: _____ Date of Trip: _____

Wexfleet Credit Card _____ (Sign, date, and attach receipts) Departure Time: _____

Ending Mileage _____

Beginning Mileage _____

Total Miles _____

FUEL

Gallons _____

Brand _____

anything that needs attention

Outside

- _____ Windshield, mirrors, front windows, headlights, side windows
- _____ Exhaust - tailpipe clear, nothing hanging loose under vehicle
- _____ Rear emergency door works, tires, bumper, lug nuts in place

Inside

- _____ Seats, floors, vehicle is clean at beginning of trip
- _____ Emergency exit, windows open and close
- _____ Emergency equipment, fire extinguisher, first-aid kit, flares
- _____ Driver's area - windshield and windows clean

Start Engine

- _____ Fuel gauge, brake warning, seat belt, etc., warning signals
- _____ Listen for trouble signs, check all gauges

Engine Running

- _____ Steering wheel feel of? Noise:
- _____ Horn, heater, defroster
- _____ Windshield wipers

Before Driving-Outsid

- _____ Turn signals - left, right, front, rear
- _____ Flasher warning lights - front and rear
- _____ Headlights - high & low beams
- _____ Stoplights and tail lights
- _____ Hazard warning flasher
- _____ Side reflectors

Comments or additional information: _____