## Newman-Crows Landing Unified School District Vehicle Request Form

TODAY'S DATE:	SCHO	OL:		
VEHICLE REQUESTED:	(CIRCLE OPTIONS) Large Van:	A B C D Min	ni Van HYBRID A	HYBRID B
*If you need to cancel your vehicle request, please notify M & O office immediately 209-862-2309*				
PERSON DRIVING:		# STUDENTS:		
DATE REQUESTED:	R/T	MILEAGE EST.		
DEPARTURE TIME:		RETURN TIME:		
DESTINATION:				
REASON FOR TRIP:				
ACCOUNT FOR PAYMEN	T:			
PRINCIPAL'S SIGNATURE	E:			
ONLY SEVEN STUDENTS PLUS DRIVER ALLOWED IN VAN. SEAT BELTS ARE REQUIRED AT ALL TIMES.  ALL DRIVERS (INCLUDING DISTRICT AND NON-DISTRICT EMPLOYEES) MUST HAVE A COPY OF THEIR LICENSE AND PERSONAL				
INSURANCE CERTIFICATE ON FILE WITH THE DISTRICT MAINTENANCE DEPARTMENT.  THIS MUST BE DONE AT LEAST 1 WEEK PRIOR TO VAN USE.				
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	FURN OF VEHICLE, CLEANING/VANI	·	5) WILL BE ASSESSED I	F NECESSARY***
YES	HICLE USE HAS BEEN APPROVED: NO			
SUPERINTENDENT'S SIG	NATURE:		DATE	
FOR BUSINESS OFFICE U AMOUNT CHARGED:	ISE ONLY:		DATE:	