

Galt Joint Union High School District Vehicle Request Form

(District Passenger Vehicles only)

(Contact Fcy p'Rkpcueq'cyfrlpceugB i cn0840c0wu for vehicle availability)

Sej qqn'Ukg: "*****" Date of Request: _____
 Requestor: _____ Activity: _____
 Depart Date: _____ Depart Time: _____
 Destination: _____
 Return Date: _____ Return Time: _____
 Driver's Name: "*****" F gr ctvo gpv<
 Number of Passengers - Pupils: _____ Adults: _____ Total Count: _____

Principal/Athletic Director Approval: _____

Vehicle I.D. #: _____ Odometer Ending: _____
 Credit Card Issued: yes/no Last 4 digits: _____ Odometer Beginning: _____
 Credit Card Issued to: _____ Total Miles: _____
 Department Accounting Code: - - - - -
Fund Resource Year Object Location Goal Function

Passenger Information

List names of all passengers being transported:

1 _____ 2 _____
 3 _____ 4 _____
 5 _____ 6 _____
 7 _____ 8 _____

Group Responsibilities

The driver is responsible for making sure that all students are wearing their seatbelts. The district will not reimburse the driver or students for any citations they receive. **Please Note:** This form, district credit card, and the vehicle keys must be returned to the transportation department when the vehicle is returned. If the transportation office is closed, forms, and keys should be placed in the key box adjacent to the roll-up door. Vehicles must be returned immediately upon completion of trip so they are available for other groups. Keys are not to be left in vehicles. Credit cards must be returned to the Transportation Dept. immediately to avoid loss or misuse. The vehicle must be returned with all windows up, locked/secure and clean inside. Vehicles returned in an unacceptable condition will result in cleaning and/or repair charges to the responsible group. Please list any mechanical issues or damage on the bottom of this form.

I hereby acknowledge that I have been informed of my responsibility regarding use of district vehicles:

Driver's Signature _____ Date ____/____/____

Vehicle Defects Noted: _____

BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY

Total Miles X \$.60 per mile = \$ _____
 Additional Charges: \$ _____
 Vehicle Rental Charges: \$ _____
 Revised 9BB3 "*****" "*****" **Total Charges:** \$ _____