

# STAUNTON CUSD #6

## VAN USE REQUEST & INSPECTION

### VEHICLE USE

Date: \_\_\_\_\_

Date Vehicle Needed: \_\_\_\_\_

Requested by: \_\_\_\_\_

Driver: \_\_\_\_\_

Event/Group: \_\_\_\_\_ # of persons being transported: \_\_\_\_\_  
(not to exceed 6)

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Departure Time: \_\_\_\_\_ a.m. / p.m. Return Time: \_\_\_\_\_ a.m. / p.m.

**\*\*\* Fill out Driver and Passenger info on the back. \*\*\***

**Key Location:** Pick up key in Superintendent's office. Upon return, leave key in assigned location.

**No food or drink allowed in van, with the exception of water.**

### VEHICLE INSPECTION

	PRIOR TO DEPARTURE	UPON RETURN
Mileage (odometer reading)		
Fuel gauge reading	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full <input type="checkbox"/>	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full <input type="checkbox"/>
Exterior Damage		
Interior Damage		

**Please empty any trash out of the van upon return.**

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_  
(Teacher/Coach/Sponsor)

### REQUEST USE ONLY

(Administration Use Only)

Confirmed  Denied

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### List of Driver / Passenger's Riding in Van for Trip

Driver / Passenger's Name	Driver / Passenger's Emergency Contact Person	Driver / Passenger's Emergency Contact Phone #

**\*\*\* A completed copy of this form needs to be given to the unit office before trip. \*\*\***