

**Buena Vista City Public Schools
Personnel**

REQUEST FOR VEHICLE

Name of School: _____

Date of Request: _____

To: Transportation Department

Name of Driver	Destination and Reason for Travel	Date Leaving	Time of Car Pickup	Date Returning	Time Returning
List all passengers	Please return vehicle promptly to the Transportation Department upon arrival back in Buena Vista				
		Vehicle Issued:			

Signature of Driver

Signature of Administrator

Signature of Transportation Manager

Authorized	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ending Mileage	
Beginning Mileage	
Total Mileage	

Comments: _____

If your destination changed, please explain: _____