BEVILL STATE COMMUNITY COLLEGE
VEHICLE TRIP SHEET

Date of Request _____/_____/_____

Type of Vehicle Requested: ☐ Car ☐ Van

Requester's Name: _____

Driver's Name: _____

Total Number of Passengers (including driver): _____

Destination: _____

Purpose of Trip: _____

_____

Date of Departure _____/_____/_____ Date of Return   /   /

_____ _____ _____

Time of Departure _____ :   a.m. Time of Return   :   a.m.

_____   _____ _____

Time of Departure _____ :   a.m. Time of Return   :   a.m.

 Fleet Vehicle Supervisor

 Priority for type of vehicle requested: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Vehicle reserved * ☐   Vehicle not reserved ☐

Vehicle Make/Model _____ State Tag: S-_____

*Tentative 7 days prior to departure, if other than priority 1

_____
Signature