

Vehicle # _____

Grayson College Vehicle Request Form

Vehicle keys & gas cards are available from 8am-4pm on working days in the Facilities Services Office.
It is the responsibility of the driver to know the GC policy.

Today's Date: _____

Car	
Van	
Bus (2 available)	

Requested By: _____
Print Name

Driver's Name: _____
Print Name

Department Acct #: _____

Dept. Ph #: _____

Vehicle Usage Dates:

Pick up	
Return	

of Faculty:

of Students:

Destination:

Department Chair: _____

Date: _____

Pre-Trip Vehicle Inspection: (Inspection is to be completed before receiving keys)

	Completed	Comments
Gas :	<input type="checkbox"/>	
Headlight/Wipers	<input type="checkbox"/>	
Brake Lights	<input type="checkbox"/>	
Tires(Wear & Inflation)	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	
Body Damage	<input type="checkbox"/>	
Windshields	<input type="checkbox"/>	

Signature

Office Use Only:

Mileage:

Annual Training	
Roster Turned In	
Driving List	
MVR/Driving Record	
Driver License Endorsements	
Gas Card	
Mileage Card	

Beginning Mileage:	
Ending Mileage:	
Total Mileage:	

Date: _____

Destination: _____

Vehicle #: _____

Mileage cards MUST be returned and signed upon returning keys.

Mileage : Beginning
Ending
Total miles Traveled:

x \$.56 = \$

(cost of trip)

Approval of Charges:

Driver Signature Re

Date: _____

Destination: _____

Vehicle #: _____

Mileage cards MUST be returned and signed upon returning keys.

Mileage : Beginning
Ending
Total miles Traveled:

x \$.56 = \$

(cost of trip)

Approval of Charges:

Driver Signature Re

Date: _____

Destination: _____

Vehicle #: _____

Mileage cards MUST be returned and signed upon returning keys.

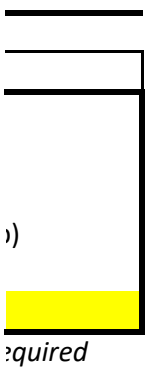
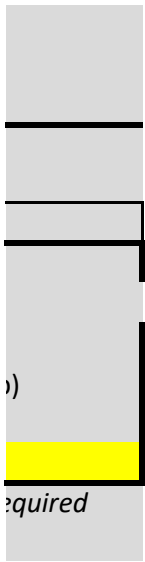
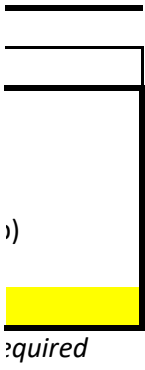
Mileage : Beginning
Ending
Total miles Traveled:

x \$.56 = \$

(cost of trip)

Approval of Charges:

Driver Signature Re



VEHICLE ROSTER

VAN/PEOPLE MOVER # _____

DATE OF TRIP: _____

	STUDENT & DRIVER NAME	EMERGENCY #	EMERGENCY CONTACT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Please print or type above information

Date: _____ Baseball _____ Softball

Destination: _____ Vehicle #: _____ BU

Mileage cards MUST be returned and signed upon returning keys.

Mileage : Beginning
Ending
Total miles Traveled: x \$.56 = \$ (cost of trip)

Approval of Charges:

Driver Signature Re

Date: _____ Baseball _____ Softball

Destination: _____ Vehicle #: _____ BU

Mileage cards MUST be returned and signed upon returning keys.

Mileage : Beginning
Ending
Total miles Traveled: x \$.56 = \$ (cost of trip)

Approval of Charges:

Driver Signature Re

Date: _____ Baseball _____ Softball

Destination: _____ Vehicle #: _____ BU

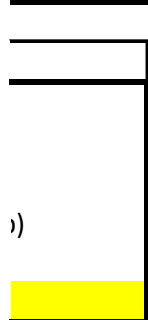
Mileage cards MUST be returned and signed upon returning keys.

Mileage : Beginning
Ending
Total miles Traveled: x \$.56 = \$ (cost of trip)

Approval of Charges:

Driver Signature Re

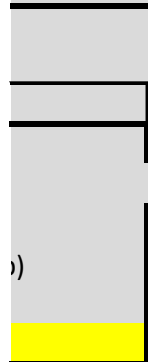
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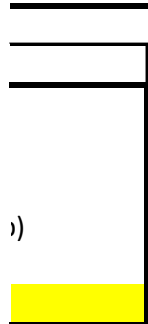
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