

OHLONE COLLEGE

REQUEST FOR USE OF SCHOOL VEHICLE

STAFF MEMBER: _____ DATE: _____

DEPARTMENT: _____

Date Trip is to be made: _____

Reason for trip: _____

Destination: _____

Estimated Time of Departure: _____ Return: _____

Number on trip: _____

Name of Driver(s): _____

Staff Member's Signature

Dean, Director or Chairperson

Date

APPROVED: School Vehicle
Reserved

DISAPPROVED: Reason

OFFICE USE ONLY

Buildings and Grounds Office
Building 10
10-21-93

Posted Per: _____

Date Received: _____