



VEHICLE PICKING UP: _____

Date Vehicle Picked Up: _____

Mileage Out: _____

Authorized drivers must be employees of the CISD and have met the provisions set forth by the district safety office.

Authorized Driver #1: _____

Authorized Driver #2: _____

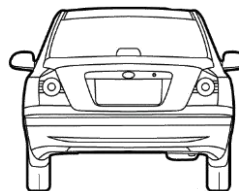
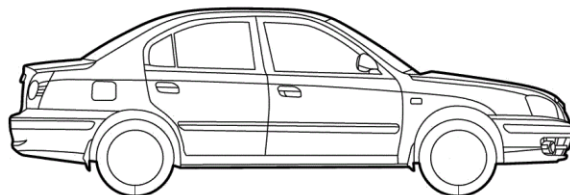
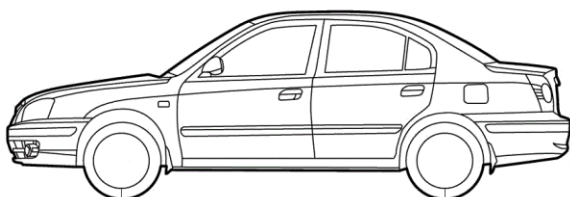
Vehicle is required for: _____

Expected Dates of Use: _____ / _____ / _____ thru _____ / _____ / _____

Passengers That Will Be In The Vehicle: *(The number of passengers must correspond with the number of available seatbelts in the vehicle. No passenger may ride in this vehicle without a seatbelt. All students must have appropriate school/district parental consents on file.)*

1)	2)	3)	4)
5)	6)	7)	8)

Identify any damage to the vehicle upon picking up the vehicle. Include scratches, dents etc.



Please include any other pertinent information regarding this vehicle's condition: _____

FUEL LEVEL *(please indicate level)*:

FULL $\frac{3}{4}$ Full $\frac{1}{2}$ Full $\frac{1}{4}$ Full Less: _____

SIGNATURE OUT: _____

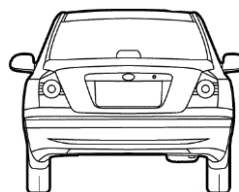
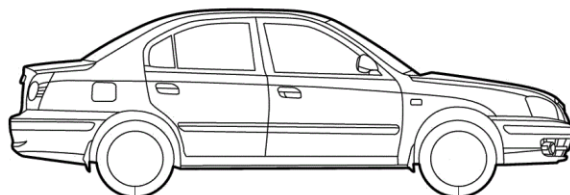
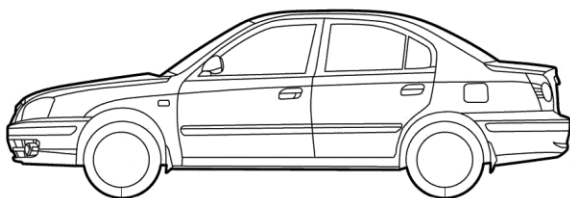
Is the vehicle CLEAN?

Interior: _____ Exterior: _____

Date Vehicle Returned: _____

Mileage In: _____

Identify any damage to the vehicle upon picking up the vehicle. Include scratches, dents etc.



Please include any other pertinent information regarding this vehicle's condition: _____

FUEL LEVEL *(please indicate level)*:

FULL $\frac{3}{4}$ Full $\frac{1}{2}$ Full $\frac{1}{4}$ Full Less: _____

SIGNATURE IN: _____

Is the vehicle CLEAN?

Interior: _____ Exterior: _____