



**MANSON SCHOOL DISTRICT NO. 19  
STAFF VEHICLE TRANSPORTATION REQUEST**

REQUEST MUST BE SUBMITTED SEVEN SCHOOL DAYS IN ADVANCE OF THE ACTIVITY.

Person requesting vehicle: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Activity attending: \_\_\_\_\_

Departure date: \_\_\_\_\_ Departure time: \_\_\_\_\_

Return date: \_\_\_\_\_ Return time: \_\_\_\_\_

Number of passengers (including driver): \_\_\_\_\_

Estimated cost (contact transportation for assistance): \_\_\_\_\_

Miles x \$.625 \_\_\_\_\_ = total estimated cost \_\_\_\_\_

**ADMINISTRATOR APPROVAL**

Principal/administrator authorization: \_\_\_\_\_

Signature

Budget code: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRICT APPROVAL**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Vehicle assigned: \_\_\_\_\_

Transportation supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Credit card issued: \_\_\_\_\_ Account number: \_\_\_\_\_

Beginning mileage: \_\_\_\_\_ Ending mileage: \_\_\_\_\_

Please keep vehicle clean and return filled with fuel. Return paperwork, credit car and keys to the Transportation Director at the district office.