



Roseville Joint Union High School District

# VAN REQUEST FORM

Reference #

## Submit to Your Site Transportation Liaison -- Refer to AR 3542.4

Day & Date of Trip	# of Students	# of Staff	# of Vans Needed

School Name

Group Leader	Phone / Ext. / Cell

Group Name

Destination (For multiple destinations, list stops & attach itinerary.)

TRIP START	TRIP RETURN	VAN INSPECTIONS
Depart From (location)	Depart Destination Time	It is recommended that van trips exceeding 100 miles one way be scheduled for an inspection at Transportation.
Depart Time	Trip Completion Time	

Meal Stop Location:	Date Checked Out	Date Checked In
	Keys:	
	Fuel Card:	

BILLING: If mileage not from the allotment, include an account string / ASB club # / or other billing details:

Site Administrator Approval & Date:

2nd Administrator Approval:

Notes