

SCHOOL VEHICLE AUTHORIZATION & TRIP RECORD

This section to be completed by authorized driver:

The authorized driver must check that both insurance & registration cards are in the glove compartment before leaving school property on day of departure

Name: _____

Date: _____

Destination & School Business: _____

Vehicle Departure

Vehicle Return

Date: _____ Time: _____

Date: _____ Time: _____

Vehicle Requested: Includes Driver

☐ Acura TSX Sport Wagon
5 passenger

☐ School Van
☐ 1 Van

☐ 2 Vans 10 passenger

☐ E-ZPass

Total number of passengers travelling with authorized driver: _____

Trip authorized by Supervisor: _____

Date: _____

(Return to Business Manager's Secretary when above information is completed)

This section to be completed by Business Manager's Secretary

☐ Employee is authorized to drive a school vehicle

Business Manager's approval: _____

Date: _____

This section to be completed by Facilities:

Odometer Reading: Beginning of Trip: _____ End of Trip: _____ Total Miles: _____

Vehicle Condition:

Departure	Initials _____		Return	Initials _____	
		Yes No			Yes No
Approved for Service	() ()		Approved for service	() ()	
Damage or Malfunction	() ()		Damaged or Malfunction	() ()	
(specify) _____			(specify) _____		
Clean	() ()		Clean	() ()	
Fuel Full	() ()		Fuel Full	() ()	
Insurance/Registration cards in vehicle	() ()		Insurance/Registration cards in vehicle	() ()	
Other (specify) _____			Other (specify) _____		

(Completed form to be given to Business Manager's Secretary)