

GADSDEN INDEPENDENT SCHOOL DISTRICT NO. 19
 REQUEST FOR USE OF DISTRICT OWNED ACTIVITY VEHICLES
****PLEASE SEND ALL REQUESTS TO THE SUPPORT SERVICE OFFICE****

DISTRICT OWNED ACTIVITY VEHICLES TRIP TICKET

Line Item: _____ School Site: _____

Supervisor's Approval: _____ Date Approved: _____

| | |
|---|---|
| Destination: (City & State) | No. of people making the trip (including driver (8-9) total occupants only) |
| Departure Date: Time: | Return Date: Time: |
| Name of Certified Driver: | Estimated Mileage (Total) |
| Date Requested (5 class day required): Requested By: | Purpose: |

I acknowledge receipt of the described vehicle, credit cards and keys.

| | | |
|---|---|---------------|
| Departure Odometer Reading: | Returning Odometer Reading: | Miles Driven: |
| Gas Purchased: | Vehicle Number Assigned: (for official use only) | |
| Credit Cards: Chevron <input type="checkbox"/> Shell <input type="checkbox"/> | Key Identification: (for official use only) | |

NOTE: IF VEHICLES ARE NOT PICKED UP AN HOUR BEFORE SCHEDULED TIME, VEHICLE REQUEST WILL BE CANCELED.

Key Agreement:

1. I will personally be responsible for keys issued to me and will not lend them to anyone for any purpose whatsoever.
2. I will make sure that all doors opened by me are securely locked upon leaving the premises.
3. In the event I lose a key(s), I will immediately notify my immediate supervisor. Furthermore, I understand that I may be required to pay for the expense incurred per key for similar keys which have been issued to other people.
4. I am aware that a maximum of eight students may be transported in a 9-passenger district activity vehicle; the number of students allowable shall decrease as the size of the vehicle decreases.

I fully understand and accept the foregoing agreement.

 Signature Phone Number Date

Applicant Copy Finance Department Transportation Department