

# ARMOREL SCHOOL DISTRICT EMPLOYEE VEHICLE REQUEST FORM

---

PLEASE HAVE PRINCIPALS SIGN FIRST, THEN GIVE SIGNED REQUEST TO MAINTENACE. A MEMBER OF THE MAINTENANCE STAFF WILL LET BUILDING SECRETARIES KNOW IF A VEHICLE REQUEST HAS BEEN APPROVED OR NOT.

*IF the vehicle is not available and the employee would like to be reimbursed, the disapproved form must be attached to reimbursement form.*

**Requests MUST be submitted at least one week in advance.**

**VAN Request**

**BUS Request**

\_\_\_\_\_ **Number of student passengers**

***\*\*Rosters with student names and parent phone numbers MUST be attached\*\****

Name of Driver: \_\_\_\_\_

Destination: \_\_\_\_\_  
City State

Purpose of Trip: \_\_\_\_\_  
\_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

***\*\*Vehicle must be returned on expected date to accommodate other approved trips\*\****

Participating Personnel: \_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

**For District Transportation Dept. use ONLY**

\_\_\_\_\_ **YES** the vehicle will be available on the date(s) specified above.

\_\_\_\_\_ **NO** the vehicle will not be available on the date(s) specified above. Therefore, the above employee will be reimbursed for their mileage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BUS SEATING ROSTER

<b>Destination</b>	<b>Date:</b>	<b>Time leaving:</b>
<b>Person in charge:</b>	<b>Cell #:</b>	<b>Driver:</b>
<b>Number of Students:</b>	<b>Number of Adults:</b>	<b>Route:</b>

**Left side seating**

**Right side seating**

<b>Student Name/Phone Number</b>	<b>Students Name/Phone Number</b>
Seat 1 _____	_____
Seat 2 _____	_____
Seat 3 _____	_____
Seat 4 _____	_____
Seat 5 _____	_____
Seat 6 _____	_____
Seat 7 _____	_____
Seat 8 _____	_____
Seat 9 _____	_____
Seat 10 _____	_____
Seat 11 _____	_____
Seat 12 _____	_____
Seat 13 _____	_____
Seat 14 _____	_____
Seat 15 _____	_____