

Independent School District #314
Van Request Slip

Today's Date _____

I have read and understand the Type III SCHOOL BUS TRAINING MANUAL and District Policy #709 __Yes __No

*** Training documents are found on the **Employee Information** section of the school website under the **District** tab. ***

Person Requesting: _____ For Whom: _____

Days Wanted: _____ Time Leaving: _____ Returning: _____

Number of Persons going: _____ Mileage: _____

Destination: _____

Purpose: _____

****Turn this van request form into Dana Hendren**

Date _____

___ Approved ___ Disapproved _____

Date _____

Superintendent

___ Approved ___ Disapproved _____

Date _____

Activities Director

ISD #314 SCHOOL VEHICLE MILEAGE SHEET

Date: _____ Vehicle Used: _____

Department/Group to be Charged: _____

Destination: _____

Beginning Mileage: _____ Ending Mileage: _____ Total Miles: _____

Driver's Signature: _____

School vehicles should be **CLEANED** and **FULL OF GASOLINE** before returning to the school garage.

Return this sheet to Dana Hendren

Copies to: Requester & Sue Stigen