GORDON COLLEGE

Request For Use of College Vehicle(s)

Requested By: _____
(name) (department)

Type of Vehicle Needed: _____ No. Needed: _____

Purpose of Trip: _____

_____

Destination: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Number of People: _____

Drivers Name: _____
STUDENTS ARE NOT ALLOWED TO DRIVE UNDER ANY CIRCUMSTANCES.

Driver's CDL License No. _____
DRIVER MUST HAVE CDL LICENSE WITH 'P' ENDORSEMENT

Signed: _____

Date: _____

Approved: _____
(Immediate Supervisor)

Submit this form intact at least five working days before expected departure.

ORIGINATOR (WHITE) (2) NOT USED (GREEN) (3) FACILITIES (YELLOW) (3) PRESIDENT (PINK) (4) FILE (GOLDENROD)