

Trip Request

Department: _____

Driver's Name(s): _____

Driver's License No: _____ Issuing State: _____

Start Date: _____ Return Date: _____

Total Trip Miles: _____

From: _____ To: _____

Reason for Trip: _____

Vehicle No: _____ Vehicle Tag No: _____

By signing this report, I acknowledge that I have:

1. A valid Driver's License
2. Not had my driver's license suspended or revoked within the past three years
3. Passed the Safe Driving Course on (Date) _____ for 15-passenger vans I also give my permission to the CollegePolice Department to do a background check and give the results to my department chair/head.

Print Name: _____

Sign Name: _____

Date: _____

Department Head Signature

Date

Effective July 1, 2018