DISTRICT VEHICLE REQUEST FORM

Please send final requests to: Kris Saulsbury, Transportation Coordinator

kristie.saulsbury@lexschools.org

Person Requesting			
Transportation:		Number of Adults:	
Contact Phone		-	
Number:		Number of Students:	
Trip Departure Date:		Departure Time	2:
Trip Return Date:		Return Time	
Destination(s):		Purpose of Travel:	
Signature:			
_			
-	TRANSPORTATION CO	DORDINATOR USE	
			Date:
Request Granted	Vehicle Assigned:		
Request Denied	Mileage for use of Yes	f Personal Vehicle Appro	ved?
Other Information:			
TRIP INFORMATION			
	Start trip time:	-	Starting Mileage:
TIME	End trip time: Total trip hours:	MILEAGE	Ending Mileage: Total Miles: