

**DANVILLE AREA COMMUNITY COLLEGE CAMPUS  
SERVICES TRAVEL REQUEST**

DATE OF REQUEST: \_\_\_\_\_

DRIVER (S): \_\_\_\_\_  
\_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPECTED TIME OF RETURN: \_\_\_\_\_ DATE: \_\_\_\_\_

FACULTY / STAFF / STUDENTS / CHILDCARE (CIRCLE)

TOTAL TRAVELING (INCLUDING DRIVER): \_\_\_\_\_

DESCRIPTION OF TRIP: \_\_\_\_\_  
\_\_\_\_\_

NUMBER OF VEHICLES REQUESTED: 1 / 2 / 3 / 4 (CIRCLE)

Vehicle Key Number: \_\_\_\_\_

Unit Number: \_\_\_\_\_

CREDIT CARD ISSUED: BP / MOBIL / SHELL / CASEY'S (GAS RECEIPTS)

CARD NUMBER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that before returning the vehicle, it is my responsibility to clean all contact surfaces areas to include, but not limited to seats, seat backs, steering wheels, doors, and handles. \_\_\_\_\_ Initial**

**Cleaning Supply Kit Received: \_\_\_\_\_ Initial**

**Cleaning Supply Kit Returned: \_\_\_\_\_ Initial**

**SIGNATURE CHECKING OUT: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SIGNATURE CHECKING IN: \_\_\_\_\_ DATE: \_\_\_\_\_**

Unit Inspected By: \_\_\_\_\_ Maintenance Contacted: Time: \_\_\_\_:\_\_\_\_ Date: \_\_\_\_\_

Final Inspection: \_\_\_\_\_ (name and date) Returned to Service: \_\_\_\_\_

**ALL DRIVERS MUST HAVE LICENSE ON FILE WITH CAMPUS SERVICES**

**STUDENTS ARE PROHIBITED FROM DRIVING COLLEGE VEHICLES UNLESS APPORVED BY AN ADMINISTRATOR OR HEAD COACH**

**FOLLOW BOARD POLICIES AND PROCEDURES MANUAL 4057.1 (VEHICLE USAGE)**