

**BEVILL STATE COMMUNITY COLLEGE
VEHICLE TRIP SHEET**

Date of Request: ____/____/____

Type of Vehicle Requested: Car Van

Requestor's Name: _____

Driver's Name: _____

Total Number of Passengers (including driver): _____

Destination: _____

Purpose of Trip: _____

Date of Departure ____/____/____ Date of Return ____/____/____

Time of Departure ____:____ a.m. Time of Return ____:____ a.m.

Time of Departure ____:____ p.m. Time of Return ____:____ p.m.

Fleet Vehicle Supervisor

Priority for type of vehicle requested: 1 2 3 4

Vehicle reserved *

Vehicle not reserved

Vehicle Make/Model _____ State Tag: S-_____

*Tentative 7 days prior to departure, if other than priority 1

Signature