

WILKINSON COUNTY SCHOOL DISTRICT

REQUEST FOR USE OF DISTRICT VAN

Date Submitted _____

Employee Making Request _____

Date of Trip _____

Number of Days _____

Driver _____

Riders _____

Destination _____

Purpose of Trip _____

Comments: _____

Approved By: _____ Title: _____

THIS SECTION IS TO BE COMPLETED BY THE CENTRAL OFFICE

Date Received _____

Date Acknowledged _____

Approved ()

Denied ()

Transportation Supervisor's Signature _____

Superintendent's Signature _____

Must be submitted at least seven (7) days before trip