## TRANSPORTATION REQUEST

(For district vehicle and/or gas card usage for school business)

Completed applications MUST be submitted to the Facilities Office at least two (2) weeks in advance of your requested departure date.

<u>cos</u>	
COLLEGE OF THE SEQUOIAS	5

Requestor:	Date:
Department:	<b>Phone</b> :
Destination:	City/State:
Purpose of Trip:	Number of Students:
<b>Vehicle(s) Requested</b> : $\square$ Car ( ) $\square$ 7-F	Pass Van ( ) 🗆 12-Pass Van ( ) 🗀 Gas Card
Departure Date:	Departure Time:
Return Date:	Return Time:
Driver(s) Details:	
Name & Driver's License #:	
Name & Driver's License #:	
Other COS personnel traveling in the same	
Name:	Name:
Name:	Name:
Name:	Name:
<ul> <li>Names of all students who will be riding in the</li> <li>Out of state travels involving students MUST</li> <li>Gas cards are only available when traveling be</li> <li>All gas cards, gas card receipts, and vehicle keep</li> </ul>	e prior to submitting a Transportation Request Form. e COS vehicles must be provided to your supervisor. be approved in advance by the COS Board of Trustees. eyond a 75-mile radius of the COS campus (one way). eys must be submitted to the Facilities Office upon your return. d out unless all prior keys/cards have been returned.
Requestor's Signature:	Date:
Director/Dean's Signature:	
Facilities Office Use Only:	
<b>Request Status:</b> □ Approved □ Unapprove	ed
<b>Assigned Vehicle:</b> $\square$ Car ( ) $\square$ 7 - Passeng	ger Van ( ) $\square$ 12 - Passenger Van ( ) $\square$ Gas Card
Processed By:	Date: