

**SHAWNEE COMMUNITY COLLEGE
VEHICLE USAGE REQUEST**

Date: ____ / ____ / ____

I, _____, request to use a college vehicle to transport
_____ passengers to _____ City _____ State for
the purpose of _____.

Date and time of departure: ____ / ____ / ____ am/pm

Date and time of return: ____ / ____ / ____ am/pm

Driver's Name: _____

Account# Signature of Approval

I agree that I will:

1. Permit no one other than a college approved driver to drive the college vehicle.
2. Properly record all expenses relating to vehicle usage with the Business Office.
3. Report any physical or mechanical problems, lock the vehicle, and properly return the key to the Security Office immediately upon returning to campus.

Fuel Remaining: F _____ 3/4 _____ 1/2 _____ 1/4 _____ E _____

Problems with the college vehicle: _____

Odometer reading out: _____ Return: _____

Does vehicle need cleaning? Y _____ N _____

•FOR OFFICE USE ONLY•

Approved: _____ Vehicle approved: _____

Not Approved: _____ Reason: _____

Total Mileage _____ at _____ cents per mile: _____