FBC Vehicle Request Form (*Turn form in to the Administrative Assistant.*)

		То	day's Date:
Requested by:		Pl	none No:
Request for: Mini	Bus Trailer		
Day and date to be us	ed:		
Date and time to be p	icked up:		
Date and time to be re	eturned:		
Destination:			
City and State:			
Driver's name and ph	one number:		
<u>policy</u> . To be added to attend a special train	<u>ch members between the age</u> o our insurance policy, you r ing class provided by our ins	nust have a CD surance compan	L or chauffeur's license, or 1y.
	sure the vehicles are filled		derstand the Vehicle Policies. re returning.
CHARGES/EXPEN	SES		
What organization/de	partment is the event connect	cted to?	
Gas, etc. Can be char	ged to budget #	_ Budget item	:
Requires approval by	minister in charge of this bu	idget item:	(Minister's Signature)
*****	*****	******	*****
	OFFICE US	E ONLY	
Approved	Not approved		Date approved
Comments/Concern	s:		
Contacted by:		on	Rev. 01/12