

Little Wound School
VEHICLE REQUEST

Employee Name: _____

Vehicle Requested: _____ Destination: _____

Leave (Date/Hour): _____ Return (Date/Hour): _____

Purpose: _____

Logistics

Total Amount of Cash Needed: _____

Food/Meals if Needed: _____

Make Check Payable To: _____

I agree to submit all necessary documentation and receipts required of the Business Office for this Trip Request within fourteen (14) days. If I do not submit the required documentation, I give Little Wound School permission to take the missing amount out of my payroll check until paid in full. I further agree to authorize the Business Office to deduct \$10.00 from my payroll check if this vehicle is not clean upon my return.

Requestor (Employee) Date

Supervisor/Director Date

Transportation Supervisor Date

Account Number: _____ Date Issued: _____

Credit Card (Gas) #: _____

Beginning Mileage: _____ Ending Mileage: _____ Total Miles: _____