



REQUEST FOR VEHICLE USE

Please allow at least 5 business days for request to be processed.

Date _____

Date of Use _____

Ministry Using Vehicle: _____

Contact Person: _____ Contact Phone # _____

Event/Function/Reason for Use: _____

Destination _____

City of Destination _____

Est. No. of Passengers: _____ Depart Time: _____ Return Time: _____

Driver's Name _____

Comments: _____

Ministry Leader _____ Date _____

Department/Ministry Director _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Date Confirmed: _____

Confirmed by: _____

Vehicle(s) Assigned: _____