GADSDEN INDEPENDENT SCHOOL DISTRICT NO. 19 REQUEST FOR USE OF DISTRICT OWNED ACTIVITY VEHICLES

**PLEASE SEND ALL REQUESTS VIA EMAIL TO VEHICLE@GISD.K12.NM.US **

DISTRICT OWNED ACTIVITY VEHICLES TRIP TICKET

Line Item:		Sc	chool Site:
Supervisor's Approval:		D	ate Approved:
Destination: (City & State)		No. of people making the trip (including driver (8-9) total occupants only)	
Departure Date:		Return Date:	
Time:		Time:	
Name of Certified Driver:		Estimated Mileage (Total)	
Date Requested (5 class day required): Requested By:		Purpose:	
I acknowledge receipt of the described vehicle, credit cards and keys.			
Departure Odometer Reading:	Returning Odometer Miles Driven: Reading:		Miles Driven:
Gas Purchased: Credit Cards: Shell	Vehicle Number Assigned: (for official use only) Key Identification: (for official use only) Parking Space No.:		
 I will personally be responsible for keys issued to me and will not lend them to anyone for any purpose whatsoever. I will make sure that all doors opened by me are securely locked upon leaving the premises. In the event I lose a key(s), I will immediately notify my immediate supervisor. Furthermore, I understand that I may be required to pay for the expense incurred per key for similar keys which have been issued to other people. I am aware that a maximum of eight students may be transported in a 9-passenger district activity vehicle. I fully understand and accept the foregoing agreement.			
Signature	Phor	ne Number	Date
Applicant Copy Finar	nce Denartm	ent Tr	ansportation Department