

# FORT FOOTE BAPTIST CHURCH

## REQUEST FOR VEHICLE USE

**DESCRIPTION OF REQUESTED VEHICLE:**

Indicate Number of Vehicles Requested:

15 Passenger Van \_\_\_\_\_ Available \_\_\_\_\_

29 Passenger Bus \_\_\_\_\_ Available \_\_\_\_\_

Truck w/Liftgate \_\_\_\_\_ Available \_\_\_\_\_

Handicap Equipped Van \_\_\_\_\_ Available \_\_\_\_\_

Mini Van \_\_\_\_\_ Available \_\_\_\_\_

\_\_\_\_\_ Available \_\_\_\_\_

\_\_\_\_\_ Available \_\_\_\_\_

\_\_\_\_\_ Available \_\_\_\_\_

**Note any required State Chauffeur's License requirements**

**WHEN IS VEHICLE REQUIRED:**

Pick-Up Date & Time: \_\_\_\_\_

Return Date & Time: \_\_\_\_\_

**MINISTRY USING VEHICLE:**

Account Number to Charge: \_\_\_\_\_ Description: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ \* Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Event/Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Required for first time drivers only.*

**To Be Filled Out By Facilities Staff**

Request Approved:  Request Denied:

Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VEHICLE USED (List Each)**

Odometer Reading:

Beginning  
Ending

Total Miles Driven:

Mileage Charge:

Total Direct Costs:

Other Charges (Specify):

**Total Charges:**


**Note:** Please list all damages to vehicle, mechanical defects, etc... on the Vehicle Repair Report.