



VEHICLE REQUEST FORM

Complete the form below and submit it to your Department Head.

GENERAL INFORMATION

Department:	Name of Ministry/Team:
Department Head:	Submitted by:
Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31	

REQUEST INFORMATION

Type of Vehicle: # _____	<input type="checkbox"/> Bus	<input type="checkbox"/> Limousine	<input type="checkbox"/> Luxury Sedan	<input type="checkbox"/> Passenger Van	<input type="checkbox"/> Truck
Vendor Name:					
Driver:	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Triumph Church Staff	<input type="checkbox"/> Ministry Volunteer	(complete section below)	
Pick-up Time:	Date:				
Return Time:	Date:				
Purpose of Trip (Event/Function):					

MINISTRY VOLUNTEER INFORMATION

Name:			
D.O.B.		Driver's License Number	
Destination:		Signature: <small>(Ministry Leader Requesting Usage)</small>	
Vehicle	Odometer Reading		
	Beginning	Ending	Total Miles Driven

FOR OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments Regarding Decision:	
Authorized Signature: _____	Date: _____
Signature	