



## Vehicle Request Form

Enter information below, print, sign and submit to Physical Plant Office

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Destination: \_\_\_\_\_  
Date of Trip: \_\_\_\_\_ Date of Return: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
Purpose of Trip: \_\_\_\_\_  
\_\_\_\_\_

Other LCC Employees/Student Passengers to ride with you: \_\_\_\_\_

Name : \_\_\_\_\_ Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Students Transported (attach list of names to form): \_\_\_\_\_

Refused LCC Vehicle?      Yes      No      If yes, will not qualify for Mileage reimbursement.

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

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Driver's Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

### **TO BE COMPLETED BY TRANSPORTATION DIRECTOR**

\_\_\_ APPROVED    \_\_\_ DISAPPROVED    \_\_\_ VEHICLE NOT AVAILABLE    \_\_\_ REASON \_\_\_\_\_

Credit card issued: \_\_\_ Yes    \_\_\_ NO    State Credit card#: \_\_\_\_\_

Vehicle ID # : \_\_\_\_\_ Vehicle License # : \_\_\_\_\_

Starting Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

Director of Transportation: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

1. Vehicle Request form must be submitted five (5) working days prior to trip.
2. It is the drivers responsibility to perform pre-trip and post-trip inspection of vehicle.
3. Travel request must be approved by the cogent administrator, i.e., President and/or Vice-President before vehicle request will be considered approved.
4. Drivers must have current driver's license.
5. No unauthorized drivers or passengers are allowed in vehicles. (LCC Employees/Students Only)
6. Vehicles may be picked up at the Motor Pool one hour prior to trip.
7. Vehicles must be returned to the Motor Pool Immediately after trip.
8. Vehicles shall be free of trash when returned to the Motor Pool.
9. State credit card shall be used solely for the purchase of purchasing fuel for school vehicles from self-service gas stations.
10. Personnel not abiding by the above will lose privileges to operate any LCC vehicle.

## VEHICLE PRE-TRIP & POST TRIP INSPECTION REPORT

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ Vehicle ID #: \_\_\_\_\_

Items to be checked	Before	After	Comments
Oil Checked			
Belts Checked			
Coolant Checked			
Transmission Checked			
Power Steering Checked			
Tires Checked			
Battery Checked			
Headlights Bright & Dim			
Brake Light & Tail Light			
Turn Signals Front & Back			
Interior Condition			
Exterior Condition			

	Before	After
Odometer Readings		
Amount of Fuel– Gallons		
Other Consumables		

List of Consumables:

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

\_\_\_\_\_

\_\_\_\_\_

Inspection done by: \_\_\_\_\_ Signature

Driver's Signature: \_\_\_\_\_ Signature