



TULLY CENTRAL SCHOOL DISTRICT

TRANSPORTATION VEHICLE REQUEST FORM

***VEHICLE REQUEST MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO VEHICLE NEED DATE**

REQUESTOR: _____

*DATE OF REQUEST: _____

TYPE OF VEHICLE BEING REQUESTED: ☐ Suburban ☐ Van ☐ Other _____

DESTINATION: _____ PURPOSE: _____

*DATE VEHICLE NEEDED: _____ DEPARTURE TIME: _____ ☐ AM ☐ PM

DATE OF VEHICLE RETURN: _____ RETURN TIME: _____ ☐ AM ☐ PM

INFORMATION BELOW THIS LINE RESERVED FOR DISTRICT AUTHORIZATION ONLY

TRANSPORTATION DEPT: ☐ APPROVED ☐ DENIED INITIAL: _____ DATE: _____

BUSINESS OFFICE: ☐ APPROVED ☐ DENIED INITIAL: _____ DATE: _____

COPIES TO: ☐ REQUESTOR ☐ TRANSPORTATION DEPARTMENT ☐ BUSINESS OFFICE

****Employees will not be reimbursed for mileage unless this form was filled out in advance and the request was denied.**