

Karnes City ISD
PASSENGER VEHICLE REQUISITION FORM
(Submit to Principal/Supervisor for approval 5 days in advance.)

_____ Date of Request

Date needed _____ Destination _____

Departure time _____ Return time _____

Name of driver _____ Valid driver license provided _____
Supervisor initial

of passengers, including driver _____ Estimated mileage _____
(No more than six total)

Purpose of trip / workshop title _____

List all passengers below or attach list.

Requestor's signature

Principal/Supervisor Approval

Superintendent Approval

*******Vehicles are expected to be returned in the same condition as when issued.*******

Principals/Supervisors: Please forward passenger vehicle requests to Central Office for final approval before submitting to the Transportation Department.

Copy of confirmed request will be forwarded to driver.

Keys must be picked up between 8 am and 4 pm prior to day of trip.

For office use only:

1 – personal, reimbursed

2, 3, or 4 – car or reimbursed

5, 6, 7, 8, 9 – suburban

6, 7, 8 – van

Vehicle assigned _____

Beginning mileage _____

Ending mileage _____

Comments _____