

Application for Van/Bus Use

Date _____

Please check one: Gray Van _____ White Van _____ Bus _____

Date requesting vehicle(s) _____ Return Date _____

Departure time _____ Return Time _____

Description/Purpose of Trip:

Name of Ministry

Number of person(s) attending Trip _____

Individual(s) requesting Van(s)/Bus

Contact number (s) _____

****Please attach a list of Name(s) and Telephone number(s) of people attending trip along with Itinerary and Directions. ****

For Office Use Only

Signatures: **(This application requires signature of Chairperson of Transportation)**

Chairperson of Transportation _____

Date _____

Driver of vehicle _____