

form updated Oct. 27, 2011

BUENA VISTA CITY PUBLIC SCHOOLS
PERSONNEL
TRAVEL AUTHORIZATION

To: Transportation Department

Request for vehicle

Name of School: _____

Date of Request: _____

Name of Driver	Destination and Reason for Travel	Date Leaving	Time of car pickup	Date Returning	Time Returning
_____	_____	_____	_____	_____	_____
List all passengers	_____	Please return vehicle promptly to the Transportation Dept. upon arrival back in Buena Vista			
_____	_____				
_____	_____				
_____	_____				
			_____ Vehicle Issued		

Signature of Driver

Signature of Administrator

Signature of Transportation Manager

Authorized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ending Mileage	
Beginning Mileage	
Total Mileage	

Comments: _____

If your destination changed, please explain: _____