Van/Bus request

Date of trip: ______________  School: ___________________  Destination: ___________________

Departure time: __________  Return time: ___________  Group: ___________________________

Number of riders: _________  Name of Driver/s (for a van): ____________________________

Type of vehicle requested (circle)
✓ Bus
✓ Van

Teacher in charge (for a bus): __________________________

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Date received: ______________  Penn Dot approved driver: Yes: ___  No: ___

Received by: ______________

Assigned vehicle: M-8  M-9  M-11 (7 passenger)  M-12  M-13  TRAILER

MUHLENBERG SCHOOL DISTRICT
Buildings/Grounds/Transportation

Instructions for Vehicle Use

• Drivers must be on the approved driver list with Muhlenberg School District
• Drivers are responsible for pick up and drop off of keys
  o Vehicles are to be returned to the Administration/Middle School parking lot. After hours please return keys to the Administration drop box located on the rear entrance of the Administration building.
• Be sure to fill out this form completely.
• The gas reading should be recorded at the end of the trip.

• PLEASE CLEAN UP AND EMPTY ALL TRASH OUT OF THE VEHICLE UPON YOUR RETURN.

Mileage:

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Gas Gauge:  E  ¼  ½  ¾  F

(Circle one)

Comments: ____________________________________________________________

__________________________________________________________

Print Driver’s Name: __________________________  MAKE SURE ALL LIGHTS ON THE VANS ARE TURNED OFF!!

Signature: __________________________  Date/Time: __________________________