



VEHICLE REQUEST FORM

Complete the form below and submit it to your Department Head.

GENERAL INFORMATION

| | |
|---------------------------------------------------------------------------------------------------------|------------------------|
| Department: | Name of Ministry/Team: |
| Department Head: | Submitted by: |
| Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31 | |

REQUEST INFORMATION

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Type of Vehicle: # _____ <input type="checkbox"/> Bus <input type="checkbox"/> Limousine <input type="checkbox"/> Luxury Sedan <input type="checkbox"/> Passenger Van <input type="checkbox"/> Truck | |
| Vendor Name: | |
| Driver: <input type="checkbox"/> Company Driver <input type="checkbox"/> Triumph Church Staff <input type="checkbox"/> Ministry Volunteer <small>(complete section below)</small> | |
| Pick-up Time: | Date: |
| Return Time: | Date: |
| Purpose of Trip (Event/Function): | |

MINISTRY VOLUNTEER INFORMATION

| Name: | | | |
|--------------|------------------|-----------------------------------------------------------------|--------------------|
| D.O.B. | | Driver's License Number | |
| Destination: | | Signature: <small>(Ministry Leader Requesting Usage)</small> | |
| Vehicle | Odometer Reading | | |
| | Beginning | Ending | Total Miles Driven |
| | | | |
| | | | |

FOR OFFICE USE ONLY

| |
|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
| Comments Regarding Decision: |
| |
| |
| Authorized Signature: _____ Date: _____ <p style="text-align: center;">Signature</p> |