



CVES Vehicle Request Form

Fax: 561-0240

Please complete this request form at least **5** days prior to vehicle use and send the completed form to the CVES **Vehicle Coordinator** at ISC.

Name of person requesting vehicle: _____ Phone extension: _____

Destination: _____

Purpose: _____

Estimated mileage (round trip): _____ Number of persons (drivers & passengers): _____

Name of passenger(s): _____

Vehicle pickup Date: _____ Vehicle return Date: _____

Time: _____ Time: _____

Division: Admin CV-TEC ISC Special Education

Request CVES gas card (for extended out of region use)? Yes No

Requestor's Signature Date Director's Signature Date

Please complete upon pickup

Date: _____ Odometer reading: _____

Please complete upon return

Date: _____ Odometer reading: _____

Please indicate vehicle operating condition: Poor Good Excellent

Please describe the operating condition of the vehicle including any items or conditions that may require service or mechanical attention:

NOTE: If you wish to pickup a vehicle before CVES ISC office opens at 8:00 AM, please make arrangements the previous afternoon. Receipts are required for fuel & other operating expenses upon vehicle return.

Office Use

CVES vehicle available: Yes No Vehicle # _____ Plate # _____ Total mileage _____

Vehicle Coordinator Signature Date