REQUEST FOR VEHICLE USE TRANSPORTATION DEPARTMENT

Date of Request: <u>5/14/21</u>	Requested by:	
Day: (Ex: Weekly on Wed/Thurs to Babb School)		
Date Vehicle Needed: <u>May 14, 2021 @ 12:00 p.m.</u>		
Return Dat	e: <u>5/14/21</u>	
Vehicle needed for (person/progr	ram) If for daily use fill out only once: <u>pick up surplus items</u>	
for truck in Browning.		
Number Traveling: <u>1</u>	Destination: <u>Babb, MT</u>	
Budget Number for Payment of V	ehicle Use:	
Payment Authorized by:		

For Transportation Use Only

Vehicle #	Driver
Ending Mileage:	
Beginning Mileage:	
Total Miles:	Amount Due \$
Date Billed:	<u>Payment will be made to:</u> Browning Public Schools, Dist. No. 9 Transportation Department

- This form must be turned into Transportation at least one week prior to travel.
- Please fill form out completely or your request will not be acknowledged.
- All District vehicles are NON-SMOKING, school property, and an extension of the Browning Public School's District-Wide Drug and Alcohol Free Policy.
- The Program/driver of the vehicle will be responsible for any and all damages, including cleanliness and recording mileage. (If any damages, spills, stains, etc., occur please notify the transportation personnel upon return of vehicle.)

Canary - Supervisor