

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

VEHICLE REQUEST FOR DISTRICT
BOUNDARIES USE ONLY

TRANSPORTATION/#2703/REVISED, JUNE 2024

USE OF FORM: This form is for authorization for use of a District vehicle in District boundaries ONLY.

No students or other travel expenses involved. If so, a **Field Trip Request form** or **Trip Request form** is required.

VEHICLE REQUEST INFORMATION

REQUESTOR: _____ DATE: _____

DEPARTMENT: _____ Phone EXT. _____ Mail Stop # _____

DRIVER(S): _____

PASSENGERS (IF ANY): _____

PURPOSE OF TRIP: _____

DESTINATION CITY: _____ TOTAL MILES, ROUND TRIP: _____

☐ Fiscal Year _____
(Form on file for fiscal year)

☐ One-time request
(Complete date field)

DEPARTING DATE: _____
TIME: _____

RETURNING DATE: _____
TIME: _____

VEHICLE REQUESTED:

- ☐ (6) PASS. VAN
☐ (10) PASS. VAN
☐ Other _____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

APPROVALS

AREA DEAN / DEPARTMENTAL MANAGER SIGNATURE

DATE

OPERATOR RESPONSIBILITIES INCLUDES INSPECTION, SAFE OPERATION AND PASSENGER SAFETY LISTED BELOW:

1. Perform walk around inspection and ensure vehicle preparation.
2. During trip secure vehicle, credit cards and keys when away.
3. Upon return, leave keys, log, and credit cards in locked vehicle.
4. FUEL CREDIT CARDS ARE FOR FUEL ON THE ASSIGNED VEHICLE ONLY. PLEASE SAVE ALL FUEL RECEIPTS.
5. ACCIDENT PROCEDURES: 1) Call Police 2) Call Transportation 209-384-6142
6. BREAKDOWN PROCEDURES: 1) Call Aleczaider Pascal 209-261-6598 2) Call Lisa Veenstra 209-500-9700

TRANSPORTATION USE ONLY

VEHICLE #: _____ TOTAL MILEAGE: _____

DRIVING CLEARANCE:

☐ _____

Driver #1

☐ _____

Driver #2

Routing Procedure: INITIATOR>MANAGER/DEAN Approval>TRANSPORTATION@MCCD.EDU