

Vehicle Request

Sonoma County Office of Education

Driver _____ Department _____ Phone _____

Requested dates _____ to _____ Pick-up date _____ Time _____

Drop-off date _____ Time _____

Number of passengers (including driver) _____ Will you be transporting students? Yes No

Type of vehicle requested Car Van Preferred pick-up SCOE County Fleet— *Complete license information below*

License Number _____ Licensee Name _____ Expire date _____
month / day / year

Destination/Reason _____

Budget code(s) to be charged _____

- Beginning odometer reading _____
- Ending odometer reading _____
- Date returned _____
- Comments _____

Department Director approval _____ Date _____

For Business Services use only

Vehicle assigned _____ Gasoline card number _____

Miles driven _____ x _____ Mileage rate = _____

Days used _____ x _____ Daily rate = _____

Total = _____