## MOORPARK COLLEGE TRANSPORTATION REQUEST

PLEASE PRINT LEGIBLY. THIS FORM MAY NOT BE ALTERED OR TAMPERED WITH IN ANY WAY. ONLY ONE VEHICLE REQUEST IS ALLOWED PER PERSON. THERE IS A LIMIT OF TWO VEHICLE REQUESTS PER EVENT WITH STANDARD AUTHORIZATION. ANY REQUEST FOR MORE THAN TWO VEHICLES REQUIRES WRITTEN AND VERBAL CONFIRMATION TWO WEEKS IN ADVANCE OF THE EVENT. WITHOUT THIS CONFIRMATION, WE CANNOT GUARANTEE THAT MORE THAN TWO VEHICLES WILL BE AVAILABLE.

NAME OF DRIVER		DEPT	DATE	
PHONE NUMBER	EMA	IL:		
DESTINATION	PURPOSE OF TRIP			
7 PAS.VAN 12 PA	AS. VAN	15 PAS.VAN	OTHER	
IF REQUESTING A 15 PASSENGER	R VAN, DRIVERS M	UST HAVE A VALID CI	LASS B DRIVER'S LICE	ENSE.
COPY OF LICENSE ON FILE? YES_ DRIVER IS:FACULTY		D STAFFSTUI	DENT (EATM Only)	
NUMBER OF PASSENGERS (Including	ng driver)	CREDIT C	CARD NEEDED: YES	NO
DEPARTURE: Date:	Time:	<u>RETURN:</u> Date:	Time:	
SIGNATURE OF PERSON REQUEST	ING TRANSPORTAT	ION		
SIGNATURE OF DIVISION DEAN/CI	HAIR			
SIGNATURE OF DRIVER				
NOTE: SUBMIT THE ORIGINAL F AUTHORIZED TO CHECK OUT OF ONLY BE USED FOR FUELING DIS	R DRIVE THE VEHI STRICT VEHICLES	ICLE, OR USE THE CRI		
VEHICLE / ISSIGNED				
	VEHICL	E CHECK-OUT		
VEHICLE ASSIGNED	CREDIT	CARD		
MILEAGE FUE	EL:E	1/41/2		AL
DRIVER'S NAME (please print)				
DRIVER'S SIGNATURE		DATE		