

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT TRANSPORTATION REQUEST/REQUEST TO DRIVE

COLLEGE OF SAN MATEO
 CAÑADA COLLEGE
 SKYLINE COLLEGE
 DISTRICT

APPROVED BY _____ DIVISION/DEPARTMENT _____

DATE OF TRIP _____ DISTRICT STUDENT BODY

PURPOSE OF TRIP _____

DESTINATION _____

VEHICLE WILL BE NEEDED _____ DATE _____ TIME A.M. _____ P.M. _____

ESTIMATED RETURN _____ TIME A.M. _____ P.M. _____

NO. OF PERSONS _____ VEHICLE REQUESTED: STATION WAGON SEDAN TRUCK CHARTER

REMARKS: _____

NAME OF DRIVER _____ DRIVERS LICENSE NO. _____

ADDRESS _____ BIRTH DATE _____

I HAVE HAVE NOT BEEN CONVICTED FOR TRAFFIC VIOLATIONS IN THE PAST THREE YEARS.

IF YOU HAVE ANY CONVICTIONS FOR TRAFFIC VIOLATIONS (EXCLUDE PARKING VIOLATIONS) DURING THE PAST THREE YEARS, PLEASE INDICATE THE NUMBER, TYPE AND DATE OF CONVICTIONS.

PLEASE NOTE: ANY PERSON WITH THREE OR MORE TRAFFIC VIOLATION CONVICTIONS WILL NOT BE PERMITTED TO DRIVE A DISTRICT VEHICLE.

I CERTIFY THAT I HAVE ANSWERED THE ABOVE STATEMENTS TRUTHFULLY

DRIVERS SIGNATURE _____ DATE _____

APPROVED _____ DEAN OF INSTRUCTION _____ DATE _____ APPROVED _____ DIRECTOR OF OPERATIONS _____ DATE _____

THE FOLLOWING ITEMS WITH CHECK MARKS (✓) ARE TO BE COMPLETED BY DRIVER

✓	SPEEDOMETER FINISH		✓	TIME OF DEPARTURE <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M. _____
✓	SPEEDOMETER START		✓	TIME OF RETURN <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M. _____
	TOTAL MILES		✓	NO. OF PERSONS <input checked="" type="checkbox"/> VEHICLE LICENSE NO. <input checked="" type="checkbox"/>
	COST PER MILE	@		VENDOR NUMBER _____
				ACCOUNT NUMBER _____
	TOTAL	\$		ACCTS. PAY CONTROL NO. _____

SUB TOTAL