

**CARTHAGE ISD TRANSPORTATION DEPARTMENT
CAR/SUV REQUEST**

Today's date: _____

Driver: _____

Driver's Cell Phone Number: _____

Campus/Dept. requesting vehicle: _____

Destination/Name of Conference/Event: _____

MUST BE COMPLETED IF ATTENDING A REGION VII WORKSHOP

*Region VII Workshop Number: _____

*Name of session: _____

Please circle one:

Content: R/ELA M SC SS ESL GT SP ED Discipline DMAC Technology

Other: _____

Beginning trip date/pick-up time: _____

Ending trip date/return time: _____

Vehicle will be assigned according to number in group and distance traveled.

** _____ Personal Vehicle**

****IF YOU USE YOUR PERSONAL VEHICLE - YOU WILL NOT BE REIMBURSED FOR MILEAGE UNLESS
THERE IS NO VEHICLE AVAILABLE AT THE TIME OF YOUR REQUEST****

Total # of passengers: _____

List of passengers/students traveling in this vehicle:

Are students being transported in request vehicle: Yes OR No # Of Students: _____

Principal/Director's signature

Assistant Superintendent's signature

Trip # assigned to this request: _____

**THIS FORM MUST BE COMPLETED WHEN YOU TRAVEL OUT OF THE DISTRICT ---
EVEN IF YOU ARE TAKING YOUR PERSONAL VEHICLE.**

RETURN THIS COMPLETED FORM TO ADANA WOODS --
DO NOT INCLUDE WITH OTHER TRAVEL PAPERWORK.

REV: 6/12/14 ajw