

Equipment Truck Request

Please submit request at least two weeks in advance.

School/Dept. Requesting: _____

Contact Person: _____

Contact Phone #: _____

	Arrive to Load:	Unload:
Date:		
Time:		
Location:		

Purpose of trip, items, instructions: _____

Principal Authorization Date

MAINTENANCE USE ONLY:

Driver:		Phone:
Vehicle#:		
Mileage Begin:	Mileage End:	Total Miles:
Start Time:	End Time:	Total Hours:

Driver Confirmation Date

Maintenance Authorization Date