

**Winton School District
IN HOUSE REQUEST FOR USE OF DISTRICT VEHICLE**

In order to provide time for scheduling, all requests for use of District Vehicle must be submitted to the M.O.T. office not less than seven (7) days prior to the date of use requested. Please use one form per request.

Pickup Date:	Return Date:
Time:	Time:

***Note: Vehicle must be returned by 4:30 PM or taken home until next workday.**

Employee: _____ **Date:** _____
(Print Name)

Employee Signature: _____

Destination: _____
Person requesting vehicle _____
Drivers License #: _____ Expiration Date: _____
Vehicle Insurance Carrier: _____ Policy #: _____
** I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past 5 years.
(Initial here) _____

Signature: _____ **Date:** _____
(Administrator)

Account #: _____

Signed: _____ **Date:** _____ **Approved** **Disapproved**
(Superintendent)

Signed: _____ **Date:** _____ **Approved** **Disapproved**
(M.O.T. Supervisor)

Comments: _____

CC: Employee
Administrator
M.O.T. Supervisor