Pioneer Union School District Van Request/Checkout Form

Date of Request: ___ / ___ / _____

Driver Information

Name: _____ Cell Phone Number: _____

Trip Information

Purpose of Trip: _____

Destination(s): _____

Date(s) of Use: From ___ / ___ / _____ To ___ / ___ / _____

Departure Time: _____

Return Time (estimated): _____

Vehicle Information

Odometer (Check-Out): _____ miles Gas (Check-Out):_____

Odometer (Check-In): _____ miles Gas (Check-In):_____

Driver Certification

I certify that:

- I hold a valid driver's license.
- I will comply with all school district transportation policies and traffic laws.
- I will enter odometer readings in the log that is kept in the van.
- I will return the vehicle with a full tank of gas, clean interior, and all keys/documents.
- I will immediately report any damage, accidents, or maintenance concerns.

Driver Signature: _____ Date: ___ / ___ / _____

Supervisor Approval

Approved By (Print Name): _____

Signature: _____

Date: ___ / ___ / _____

Office Use Only

Keys Issued By: _____

Date / Time Out: _____ Date / Time In:_____

Please write any notes/condition report on the back of this form.