Reservation Request for Use of College Vehicle

I request use of the SEARK College: Van  SUV  Pick-up Truck

Driver’s name: ___________________________ Phone#: ______________________

Date of request: __________________________

Date to be used: __________________________

Time expected to depart SEARK College: ______________

Time expected to return to SEARK College: ______________

Destination: ________________________________

Name of passengers: _________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Supervisor’s Signature

IF YOU DO NOT HAVE A PIN # TO USE THE GAS CARD, CONTACT THE BUSINESS OFFICE!

If you have any questions, feel free to call the Physical Plant 850-4820.

To be filled out by Physical Plant Personnel:

Date/Time out: _______________  Date/Time in: _______________ 

* A State Supported, Locally Controlled, Technical Community College Accredited by The Higher Learning Commission and is a member of the North Central Association of Colleges and Schools. *