Fleet Bus Pool Use Request Form

Reservation ID#: _______________________________________________________

Department Name: _______________________________________________________

Department Org Number: __________________________________________________

Select which bus to use depending on the number of passengers:

**Bus 6302 – 45 Passenger _____ (Under Body Storage)**

**Bus 6303 – 38 Passenger _____ (Wheel Chair Lift)**

Date/ Time Booked: ___/___/___  ___: ___ AM/PM

Date/ Time Required: ___/___/___  ___: ___ AM/PM

Date/ Time Returned: ___/___/___  ___: ___ AM/PM

Person Requesting Usage: _________________________________________________

Authorized Bus Driver: _________________________________________________

Trip Destination: _______________________________________________________

Justification for trip:
_____________________________________________________________________
_____________________________________________________________________

Department Head Signature: ____________________________ Date: _____________

__________________________________________________________

**APPROVALS**

- All bus requests for the 38/45 buses must be approved by Al Curtis, Fleet Director.

  Approved _____  Disapproved _____

  Al Curtis, Fleet Director ____________________________ Date _______________