

Monte Alto Transportation Department
SUV/Truck/Sprinter/Activity Bus
2026 - 2027

Instructions:

1. Complete all information and submit all copies to the Transportation Secretary.
2. All vehicles are to be returned to the Transportation Department.
3. Please complete all the information below prior to returning the vehicle(s).
4. Request must have had Principal signature before submitting.

CAMPUS: _____ **ORGANIZATION:** _____

FACULTY ADVISOR: _____ **DATE OF TRIP:** _____

DEPARTURE TIME: _____ **RETURN TIME:** _____

PURPOSE OF TRIP: _____

ADDRESS: _____

(ATTACH PLANNED ROUTE, IF APPLICABLE)

NUMBER OF VEHICLE(S) NEEDED: _____

VEHICLE(S) BEING REQUESTED: (PLEASE CHECK):

☐	EXPEDITION EL	☐	RAM Truck (AG Farm)
☐	EXPEDITION Max	☐	RAM Dually
☐	SUBURBAN	☐	Flat Bed Trailer
☐	ACTIVITY BUS	☐	Livestock Trailer
☐	SPRINTER	☐	Cargo Trailer

DRIVER NAME: _____ **NUMBER OF PASSENGERS/ STUDENTS:** _____

BEGINNING MILEAGE: _____ **ENDING MILEAGE:** _____

BEGINNING FUEL: _____ **ENDING FUEL:** _____

VEHICLE WAS FILLED UP BY: _____ **MILEAGE:** _____

COMMENTS: _____

PRINCIPAL APPROVAL: _____ **Date:** _____

SUPERINTENDENT APPROVAL: _____ **Date:** _____

TRANSPORTATION DIRECTOR APPROVAL: _____ **Date:** _____