

RIVERCREST INDEPENDENT SCHOOL DISTRICT

SCHOOL CAR REQUEST FORM

NAME _____

DEPT./GROUP _____

Date of trip _____

Destination _____

Leaving Time _____

Return Time _____

Purpose of Trip _____

Faculty/Staff Signature

Date

Supt. Approved

Date

=====
Please complete the information below and return to the Superintendent's office when trip is completed.

Mileage before trip _____

Mileage after trip _____

Please attach gas tickets if credit card was used. Please list any problems you noticed which would indicate car is in need of repair or servicing:

