**Facilities Management**

*Building F, Room 100*

774.357.2533   
*fax* 508.730.3279

Facilities@Bristolcc.edu

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **Person requesting vehicle:** | | |  | | **Phone:** |  | | |
| **Date vehicle required:** | | |  | | **Date of Request:** | |  | |
| **Time of departure from BCC:** | | |  | | **a.m.** | | **p.m.** | |
| **Estimated time of return:** | | |  | | **a.m.** | | **p.m.** | |
| **Destination of trip:** | | |  | | | | | |
| **Person driving:** | | |  | **License #:** | | | | **State:** |
| **Reason for Travel:** | | |  | | | | | |
| **Number of passengers:** | | |  | | | | | |
| ***(list passengers’ names and addresses below)*** | | | | | | | | |
| **Passenger:** |  | | | | | | | |
| **Passenger:** | |  | | | | | | |
| **Passenger:** | |  | | | | | | |
| **Passenger:** | |  | | | | | | |
| **Passenger:** | |  | | | | | | |
| **Passenger:** | |  | | | | | | |

**Vehicle Request Form**

|  |  |
| --- | --- |
| **Comments:** |  |
|  | |
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***Note:*** *A College Leave Request form should be submitted to your supervisor, as appropriate*

|  |  |
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| **Signature of Driver of Vehicle:**  *(If this form is sent by email, your signature will be required when you pick up the vehicle)* |  |

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| --- | --- | --- | --- | --- |
| **For Facilities Use** | | | | |
| **Assigned Vehicle:** |  | | | |
| **Posted on Master Schedule by:** | |  | **Date:** |  |