DAVENPORT SCHOOL DISTRICT # 207 FAX TO: 725-0346 **School Vehicle Use Request** (One per vehicle required) bilball@davenport.wednet.edu BUS VAN CAR **SUBURBAN Todays Date** K-5 6-8 9-12 (SELECT ONE) Representing Name Phone # **Purpose Date Needed** (Week Day) (Month) (Date(s) Loading & unloading location of students is ?? **Departure Time** AM PM **Return Time** AM PM **Est Total Miles How Many People Destination** (specify city w/ location details so driver may research route & parking) **Other Requirements Approved By Chad Prewitt** Courtney Strozyk Tim Zeiler (circle one) Jim Kowalkowski **Trip Record for Driver** Driver Bus# **Time Left Davenport Arrived Destination Time Left Destination Arrived Davenport** Total Driver Time including 30 minute Pre & Post Trip & Cleanup Mileage Out Mileage In **Total Miles Sub Driver for Route Comments**