

Ben Hill United Methodist Church
Van Reservation Form & Trip Report (Due 48 hours in advance of trip)

Section I (to be completed by Requester)

Sponsor Group _____ Today's Date _____

Dates & Times desired _____ Destination(s) _____

Group Contact & Phone# _____ Purpose of trip _____

Anticipated Number of passengers (maximum # of ten) _____

Section II (to be completed by the Transportation Ministry)

Driver's name _____ Alternate Driver _____

Driver/Alternate Driver License # _____ / _____

Driver/Alternate Driver Cell Phone # _____ / _____

Approved by Transportation Ministry _____ Date _____

Approved by Director of Operations _____ Date _____

VAN LOG & TRIP REPORT
(POST-TRIP FORM – COMPLETED BY VAN DRIVER)

__ CHECKLIST, KEYS, VANLOG & TRIP REPORT delivered to Church Office
__ INTERIOR AND EXTERIOR CLEAN; and POST-TRIP INSPECTION COMPLETED
__ GAS TANK FULL
__ SERVICE OR REPAIR DONE OR NEEDED AS NOTED HERE: _____

Trip Start Date: _____ Trip End Date: _____

Mileage at Start: _____ Mileage upon Return: _____

Purpose of Trip: _____

Signed (Primary Driver) _____ Date: _____