St. John First Missionary Baptist Church

Ministry Leader

Transportation Form

Name of Ministry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of passengers riding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Requested \_\_\_\_\_\_\_\_\_\_\_\_

**(Place a check by the vehicle you are requesting)**

Vehicle 1 \_\_\_\_\_\_\_\_\_ Vehicle 2 \_\_\_\_\_\_\_\_\_ Vehicle 3 \_\_\_\_\_\_\_\_\_\_\_\_

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: (To be completed by the van driver) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas Level \_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas Level \_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any problems you had with the Van \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any materials used from the Emergency Equipment Bag \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of problems with the vehicles, call (239) 334-0591, after hours call William Kelly (239) 357-1852. In case of an accident, contact **State Farm Insurance Claims Department: 1(800) 440-0998. All insurance info is located in the glove compartment of the vehicle.**

Vehicle Request Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Vehicle Request Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)