

ST. PAUL CME CHURCH

TRANSPORTATION REQUEST FORM

**Name of Individual / Ministry:** Click or tap here to enter text.

**Date of Request:** Click or tap to enter a date.

**Date of Trip:** Click or tap to enter a date.

**Departure Time:** Click or tap here to enter text.

**Destination:** Click or tap here to enter text.

**Return Time:** Click or tap here to enter text.

**Name of Group Leader:** Click or tap here to enter text.

**Group Leader’s Cell Number:** XXX-XXX-XXXX

**Group Leader’s Email Address:** Click or tap here to enter text.

**Number of Participants:** Click or tap here to enter text.

**Purpose of Trip and Trip Itinerary:** Attach additional sheet if necessary

**RETURN COMPLETED FORM TO TRUSTEE MINISTRY MAILBOX**

**FOR OFFICE USE ONLY**

Request Approved: [ ]  Request Denied: [ ]

Reason: Click or tap here to enter text.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**TERMS & CONDITIONS**

This request is based upon the information provided above, If the request is approved, a driver will be secured by the Trustee Ministry. Each ministry/individual making request is responsible for adhering to the following:

* Driver will be paid by said ministry/individual.
* Ministry/Individual will pay for gas.
* NO FOOD OR BEVERAGES ARE ALLOWED ON THE BUS
* Ministry/Individual must ensure that bus is cleaned upon return or cleaning fee will be assessed.

[ ]  I agree to the term and conditions above. [ ]  I disagree to the terms and conditions above.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.