



REID STATE TECHNICAL COLLEGE  
2010 FORD FOCUS  
TRANSPORTATION VOUCHER

Date of request: \_\_\_\_\_ Date needed: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Name Title

Driver: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Requested for: \_\_\_\_\_ Number of passengers: \_\_\_\_\_  
(Recruiting, conference, teaching, etc.)

Destination: \_\_\_\_\_ Number of miles one way: \_\_\_\_\_

Departure time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Time returning: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

I do hereby acknowledge that the above schedule will be adhered to (unless an emergency arises) and that I will obey all traffic laws while operating the motor vehicle. The vehicle will be used for Reid State purposes only, and no other driver will drive the assigned vehicle during this trip. KEYS WILL BE TURNED IN UPON MY RETURN. ACCIDENTS MUST BE REPORTED IMMEDIATELY TO THE NEAREST POLICE DEPARTMENT, MR. JEFF RHODES (BUSINESS OFFICE), AND TO THE INSURANCE COMPANY (SEE NAME AND ADDRESS IN GLOVE COMPARTMENT OF VEHICLE).

[ ] State gas card requested [ ] State gas card not requested

\_\_\_\_\_  
Employee (Driver) Signature

\_\_\_\_\_  
President

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**Complete this checklist prior to your trip. If assistance is required, request maintenance (Mr. Grace) to complete the checklist:**

\_\_\_\_ Gas \_\_\_\_ Oil \_\_\_\_ Lights \_\_\_\_ Tires Odometer reading \_\_\_\_\_

Driver's initials \_\_\_\_\_ or Maintenance initials \_\_\_\_\_

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**Complete this section upon return to campus:**

List any problem areas needing attention (tires, gasoline, dashboard lights, etc.) \_\_\_\_\_

\_\_\_\_\_

Driver's initials \_\_\_\_\_ Odometer reading \_\_\_\_\_