

HBC Van Requisition Form

(If you need both vans, you must complete two requisition forms)

Today's Date: _____

Name of Requester: _____

Requester's Phone Number(s): Home _____ Cell _____ Work _____

Date Van Needed: From _____
(Day/Date/Time)

To _____
(Day/Date/Time)

Special Request (check as appropriate):

_____ N/A _____ White Van _____ Blue Van _____ Blue Van & Trailer

Destination / Purpose: _____

Name of Trip Leader (fully responsible for the van and equipment during trip): _____

Trip Leader's Number(s): Home _____ Cell _____ Work _____

Drivers (must be previously approved and listed with insurance company as an authorized driver – call office to verify):

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

If out of town trip – Local Contact Person for Emergencies: _____

Contact Person's Number(s): Home _____ Cell _____ Work _____

Important Notice: Please sign and turn into the church office – you will be notified within one week regarding the request. The Church Sexton will make arrangements at that time regarding key and form pick-up. It will be your responsibility, as the requester, to pass this information on if you will not be picking up the items.

Requester's Signature

Date

_____ Approved _____ White Van _____ Blue Van _____ Blue Van & Trailer

_____ Disapproved – Reason: _____

Sexton's Signature

Date

(Please complete before departing HBC Parking Lot)

Departure Date: _____ _____ Tires Checked (Visual look)

Departure Mileage: _____ _____ All Lights Checked

Departure Gas Gage (circle): Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$ _____ Horn & Seatbelts Checked

OVER FOR FORM COMPLETION UPON RETURN

Driver Checklist for Returning HBC Vans

Trip Leader & Primary driver have full responsibility for vans and operation.

Return Date: _____

Return Mileage: _____

Return Gas Gage (circle): Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$)

_____ Fill gas tank (if gas level is below $\frac{1}{4}$ or below)

_____ Check all lights to ensure that they are operational and TURNED OFF – headlights as well as all interior lights. (Please also check all lights every time the van is parked.)

_____ Roll up all windows completely

_____ Retrieve all items that have been left in the van

_____ Pick up all trash

_____ Close and lock all van doors

Did you notice any problems with the van or any repairs needed? Please note them here:

Trip Leader or Primary Driver's Signature

Date

In the event of an emergency, please contact State Farm, our insurance company, at 757-723-6056, Policy #316-9992-B01-46J.

Thank you for your cooperation.

To be completed by Sexton: Date keys returned _____

For Maintenance Items Noted Above:

(Item)

(Date repair completed)

(Item)

(Date repair completed)