

Plainfield United Methodist Church, Inc.
Transportation Use Request

Person Responsible for Use: _____ Group Represented: _____

Person responsible arranges to receive keys from PUMC office, selects drivers and assures they have completed the registration process with PUMC Office Manager before operating PUMC vehicles.

Event: _____

Driver 1: _____ Driver 2: _____

Driver 3: _____ Driver 4: _____

Vehicle(s) requested: 2006 Van _____ 2019 Van _____ Bus _____ Trailer _____

Pick up: Date _____, Time _____

Returned: Date _____, Time _____

Fees to be charged to PUMC budget account name _____ number _____,
 or use fees will be paid by _____ when vehicles are returned.

I have read and agree to the Transportation Use Policy and agree to settle the charges as indicated.

Signed: _____ Date _____

BEFORE DEPARTURE

Perform a walk-around inspection per check list; instruct passengers on seat belt usage and any other rules.

If charging fuel is anticipated, a Speedway charge card should be requested at the church office.

- ❖ If charges are made at Speedway filling stations, PLEASE SIGN THE CHURCH'S NAME, YOUR NAME AND THE NAME OF THE GROUP on the charge slips.
- ❖ Return charge slip and charge card to the church office.

1. 2006 Van: _____ Odometer: Beginning _____, Final _____, Miles _____

Fuel (approx): Beginning _____, Final _____

2. 2019 Van: _____ Odometer: Beginning _____, Final _____, Miles _____

Fuel (approx): Beginning _____, Final _____

3. Bus: _____ Odometer: Beginning _____, Final _____, Miles _____

Fuel (approx): Beginning _____, Final _____

Condition/Comments: (condition when received and returned)

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WHEN TRIP IS COMPLETE – Please assure that all vehicles used have at least 1/2 tank of fuel, and the interior is clean and ready for the next user.

CALCULATE FEES BELOW:

| | | | |
|--|----------------------------|------------------------|-----------------|
| 2006 Van Charges: | _____ miles x \$.50/mile = | \$ _____ | |
| | Trip Charge: | \$ <u>10.00</u> | |
| Total Charges | | \$ _____ | |
| Less out-of-pocket expenses: | Fuel _____ gal. | \$_(_____)_ | |
| Please attach receipts if available or explanation of charges | Less other | \$_(_____)_ | |
| | Amount Due PUMC | | \$ _____ |

| | | | |
|--|----------------------------|------------------------|-----------------|
| 2019 Van Charges: | _____ miles x \$.50/mile = | \$ _____ | |
| | Trip Charge: | \$ <u>10.00</u> | |
| Total Charges | | \$ _____ | |
| Less out-of-pocket expenses: | Fuel _____ gal. | \$_(_____)_ | |
| Please attach receipts if available or explanation of charges | Less other | \$_(_____)_ | |
| | Amount Due PUMC | | \$ _____ |

| | | | |
|--|----------------------------|------------------------|-----------------|
| Bus Charges: | _____ miles x \$.60/mile = | \$ _____ | |
| | Trip Charge: | \$ <u>10.00</u> | |
| Total Charges | | \$ _____ | |
| Less out-of-pocket expenses: | Fuel _____ gal. | \$_(_____)_ | |
| Please attach receipts if available or explanation of charges | Less other | \$_(_____)_ | |
| | Amount Due PUMC | | \$ _____ |

Trailer Charge \$40 if applicable: \$ _____

Total due PUMC: \$ _____