600 S. Simmons St.
Plainfield, IN 46168

Plainfield United Methodist Church, Inc.
Transportation Use Request

Phone: 317-839-2319
Fax: 317-839-1509

BEFORE RECEIVING KEYS

Event: _____

Drivers: _____

Vehicles requested: **Van**_____ **Bus** _____ **Trailer** _____

Pick up: **Date** _____, **Time** _____

Returned: **Date** _____, **Time** _____

Trip to be charged to PUMC budget item _____,

or be paid by _____.

I have read and understand the Transportation Use Policy and agree the charges will be paid as indicated.

Signed: _____ Date _____

BEFORE VEHICLE IS MOVED

Perform a walk-around inspection; instruct passengers on seat belt usage and any other rules of the trip.

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.

Odometer: **Beginning**_____, **Final**_____, **Total Miles** _____

Fuel(approx): **Beginning**_____, **Final**_____

Condition/Comments: (condition when received and returned)

WHEN TRIP IS COMPLETE

Is the vehicle at least half full of fuel and interior clean and ready for next user?

Charges:

Van(s): _____ **miles x $.50/mile = $**_____

Bus: _____ **miles x $.60/mile = $**_____

Van/Bus Trip Charge: …… $_____ **$10.00**

Trailer: **$40** **$**_____

Total Charges **$**_____

Less out-of-pocket expenses: **Fuel** _____ **gal.** **$** (_____)

Please attach receipts if available or explanation of charges

Less other **$** (_____)

Amount Due **$**_____

Is there anything concerning the condition of the vehicle the Trustees should know?