



ST. PAUL CME CHURCH TRANSPORTATION REQUEST FORM

Name of individual or ministry making request	
Date of request	
Date of Trip	
Time of Departure	
Destination	
Return Time	
Name of group leader	
Group leader's cell number	
Group leader's email address	
Number of participants	

Purpose of Trip and Trip Itinerary (attach additional sheet if necessary)	
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TERMS & CONDITIONS

This request is based upon the information provided above. If the request is approved, a driver will be secured by the Trustees 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 a cleaning fee will be assessed.

_____ I agree to the terms and conditions above. _____ I disagree to the terms and conditions above.

Signed _____ Date _____

PLEASE PLACE COMPLETED FORM IN THE TRUSTEE MINISTRY MAILBOX

For Office Use Only

Request approved _____ Request Denied _____

Reason _____

Signed _____ Date _____