



NEW
MOUNT OLIVE
BAPTIST CHURCH

TRANSPORTATION MINISTRY

“Request for Vehicle Use”

(Requests Must Be Made At Least Two Weeks In Advance)

TO BE COMPLETED BY MINISTRY

1. Vehicle Requested
 - a. 24-Passenger Bus _____
 - b. Mini Van _____
 - c. Pick-up Truck _____
2. Event/Function/Reason for Use _____
3. Date Vehicle Needed _____ Date Vehicle to be Returned _____
 a. Pick-up Time _____ Return Time _____
4. Ministry Contact Person _____
 Phone Number _____
5. Staff Minister Approval _____
 (Signature of Ministry Staff Minister) Date

Place Form in Director of Operations' Mailbox

TO BE COMPLETED BY DIRECTOR OF OPERATIONS

Approved _____ Denied _____

Comments _____

Signature _____
 (Director of Operations) Date

TO BE COMPLETED BY TRANSPORTATION MINISTRY

Vehicle Assigned _____ Driver Assigned _____

Signature _____
 (Transportation Ministry Chairperson) Date

Return Completed Form to Administrative Assistant