



**ROSTER OF OCCUPANTS
 ITINERARY
 VEHICLE REQUEST**

List names of all drivers and passengers: (All drivers must follow CSI Vehicle Policy)

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

11 & 12 for
Local only

ITINERARY

Please give a chronological order of departure dates & arrival times, destination, return date & activities planned, as well as where you may be reached on your trip.

Departure Date: _____ Departure Time: _____

Destination: _____

Activities: _____

Return Date: _____ Return Time: _____

Will this be a consistent use of the vehicle for an extended period of time? If so, list the days and the length of time needed.

APPROVED _____ DATE _____
 (PRESIDENT, VICE PRESIDENT, DEAN, OR DIRECTOR)

NAME OF PERSON TAKING THE VEHICLE _____ CAR _____ VAN _____

(SIGNATURE OF PERSON TAKING THE VEHICLE) _____ (DATE)