

Sauk Valley Community College Van Request

Organization/Group Making Request _____

Purpose of Trip _____

Destination _____ Number of Passengers _____

Do you need accommodations for disabled passengers? _____

Driver(s) of Van: (1) _____ (2) _____

Date(s) Requested: Van Pick-up Date _____ Time _____

Van Return Date _____ Time _____

Estimated Miles: _____ Budget to be Charged _____

*Must have Budget Number

Estimated Cost: PRIORITY 1 Groups: **\$0.75** per mile

PRIORITY 2 and 3: **\$0.75** per mile _____

Signature of Faculty Member/Advisor Making the Request

PRIORITY 1 Groups:

Signature of Student Activity Advisor

PRIORITY 2 and 3 Groups:

Signature of Appropriate Dean

The above request has been:

_____ Approved

_____ Denied because of: _____ (1) A group with higher priority is scheduled

_____ (2) Same priority group requested date earlier

_____ (3) Other _____

Dean of Student Services