Date Received:	FSR#:	FUR#:	WR#:	VR#:

KAMEHAMEHA SCHOOLS MAUI Vehicle Request

To be completed by Requ	estor			
Today's Date:	Requested By:		Contact Ph#:	
Requesting (check one):	☐ Vehicle Only - Driver Name:		Contact Ph#:	
	☐ Vehicle & Driver	- Please list account to be ch		
Vehicle(s) & quantity reque	sted:		Department ID# Account#	
☐ Truck, #:	Car, #:	14-Pass. Van, #:	4-Wheel Drive, #:	
*Requires Certified/Trained Driver			_ Other:, #:	
Trip Information (Please be	specific and include comple	ete information, attach itinerar	y/schedule, if available):	
Trip/Purpose:		Destination(s):		
Vehicle Pick up Date:	Time:	Number of pass	sengers: Adults Children	
Departure Date:	Departure Time:	Pick up Location	on:	
Return Date: Retu	rn Pick up Time:	Drop off Locat	ion:	
Democrated by:			Data	
Requested by:(Requestor's Sig	nature)	(Print Name)		
Approved by:(Supervisor/Prin	cipal Signature)	(Print Name)	Date:	
	ot.)		Date:	
		(Print Name)		
FOR OPERATIONS OFFICE	E USE ONLY			
Request Approved				
Comments:				
Vehicle#:, Driver:		Vehicle#:, Drive	er:	
Vehicle#:, Driver:		Vehicle#:, Drive	er:	
☐ HAIS Waiver Used ☐ □	Damage to Vehicle ☐A	ccident Reported	<u>:</u>	
requesting a vehicle. A valid driver's license is required. Cancellations or changes must involving a driver will incur clear. Drivers are required to comple. Students must be transported in	ired for all drivers. be communicated to the Opharges for the length of time te a vehicle inspection prior a School Buses unless an appropriate property of vehicle will require	erations office as soon as poss the driver was expected to we to and after each use. proved waiver is obtained. re a driver with a current scho	ol bus driver certification/training.	
Reviewed by:	Entered in DB:	Distributed:	Rev. 5/16/13	