

## Request for use of Church Van

FROM: \_\_\_\_\_  
(Originator) (Department) Date submitted

THRU: \_\_\_\_\_  
(Originator) (Department) Date submitted

DATE RECEIVED BY ADMINISTRATOR: \_\_\_\_\_

Date needed back by Originator \_\_\_\_\_  
(Allow 5-7 days)

OCCASION: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

NUMBER OF VANS NEEDED: \_\_\_\_\_

DATES: From \_\_\_\_\_ To \_\_\_\_\_

TIME: From \_\_\_\_\_ To \_\_\_\_\_

Please list at least two contact persons and their phone numbers:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

APPROVAL:

Administrator YES NO NEED MORE INFO

SIGNATURE: \_\_\_\_\_  
(Administrator)

KEY PICK-UP: Monday thru Friday key must be picked up between the hours of 9:00AM and 2:00PM  
Saturday, Sunday & Holidays you must coordinate with the Church Administrator