

REQUESTS **MUST** BE SUBMITTED AT LEAST 3 DAYS BEFORE DEPARTURE

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

	CSI ID #	Name	Your Cell Phone Number	Emergency Contact Name and Phone Number
1		<b>DRIVER #1</b>		
2		<b>DRIVER #2</b>		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

<b>Car</b> <input type="checkbox"/> Max 5	<b>Van</b> <input type="checkbox"/> Max 12	<b>Mini-Van</b> <input type="checkbox"/> Max 7	<b>Mini-Bus</b> <input type="checkbox"/> Max 12 (Special Instruction Suggested)	<b>Snow Plow</b> <input type="checkbox"/> Truck (Seasonal (Special Conditions only))	<b>Non-Pool Vehicle</b> <input type="checkbox"/> (SEND COPY TO SECURITY)
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Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Activities: \_\_\_\_\_

Please give a chronological order of departure dates/times, destination, return date/time & activities planned. If overnight or out of state, you **MUST** attach a detailed itinerary.

Account number to be used to charge travel \_\_\_\_\_ / \_\_\_\_\_ / 5213  
Fund Department Account

APPROVED \_\_\_\_\_  
SUPERVISOR DATE

APPROVED \_\_\_\_\_ (IF TRAVELING OVERNIGHT OR OUT OF STATE)  
DEAN DATE

NAME OF PERSON TAKING THE VEHICLE \_\_\_\_\_

SIGNATURE OF PERSON TAKING THE VEHICLE \_\_\_\_\_ DATE \_\_\_\_\_

**DRIVER MUST INITIAL**

\_\_\_\_\_ ←  
 No Driver will drive more than 4 hours without a 30-minute break

\_\_\_\_\_ ←  
 No Driver will drive more than 6 hours in a 24-hour period

\_\_\_\_\_ ←  
 The group will not travel more than 12 hours during a 24-hour period

\_\_\_\_\_ ←  
 The Most Up-To-Date roster and itinerary is attached

**SEND  
APPROVED  
FORMS TO**

**College of Southern Idaho  
Maintenance Office**  
 315 Falls Avenue  
 Twin Falls ID 83301  
 Phone: (208) 732-6600

**SIGNED ON DATE OF DEPARTURE**

I, \_\_\_\_\_, verify that this roster is accurate and up to date.

Date: \_\_\_\_\_