



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

Vehicle Requested

CAR
Max 5

VAN
Max 12

MINI VAN
Max 7

Non-Pool Vehicle
(SEND COPY TO SECURITY)

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		DRIVER #1		
2		DRIVER #2		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Below, please give a chronological order of departure **dates & arrival times, destination, return date & activities planned**, map/schedule of driving route (If overnight or out of state), as well as where you may be reached on your trip. **You MUST attach your detailed travel plan if you are traveling out of state or overnight to the back of this page.**

Departure Date: _____ Departure Time: _____ Destination: _____

Activities: _____

Return Date: _____ Return Time: _____

Account number to be used to charge travel _____ / _____ / _____
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

Drivers will not 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 for more than 12 hours total during any 24 hour period.

The most up-to-date roster/itinerary is attached

THE ROSTER ABOVE IS UP-TO-DATE AND ACCURATE AT TIME OF DEPARTURE

I, _____, verify that this roster is accurate. Date: _____

REQUEST MUST BE SUBMITTED AT LEAST 3 DAYS BEFORE DEPARTURE AND AN ACCURATE ROSTER MUST BE ON FILE AT TIME OF DEPARTURE

Revised 07/2017