

**SISSETON WAHPETON COLLEGE
VEHICLE USE REQUEST**



NAME OF PROGRAM:

DESTINATION:

DATE & TIME OF DEPARTURE:

DATE & TIME OF RETURN:

REASON FOR REQUEST

:

- * REQUESTS MUST BE SUBMITTED ONE WEEK IN ADVANCE.
- * IF THE REQUEST IS APPROVED THE BEGINNING & ENDING MILEAGE WILL BE PROVIDED TO THE FACILITIES MANAGER AFTER I RETURN FROM MY DESTINATION.

SIGNATURE

DATE

APPROVED

DISAPPROVED

FACILITIES SIGNATURE

DATE

PRESIDENTS SIGNATURE

DATE