

**WASHAKIE COUNTY SCHOOL DISTRICT NO. 1
WORLAND, WY 82401**

REQUEST FOR CAR OR VAN

SCHOOL _____ DATE _____

ACTIVITY _____

CAR TO LEAVE AT _____ A.M. _____ P.M. DESTINATION _____

Total number making this trip, including driver and sponsor _____

Check days transportation is requested and vehicle will be in use:

Mon. _____ Tue. _____ Wed. _____ Thu. _____

Fri. _____ Sat. _____ Sun. _____

MONTH Day or Days

Credit card issued (last 4 digits of Visa) _____

This form is to be completed 3 days prior to date of activity.

**Credit cards are to be returned to the office upon your return.
You are responsible for them while they are checked out to you.**

Signature of Driver _____

Signature of Administrator _____

RETURN ALL RECEIPTS WHEN YOU RETURN CREDIT CARD!!