

**Progressive Baptist Church  
Pastor Lloyd Joiner Jr.  
Raising the Standards of Worship to  
the Next Level”**

**VAN REQUEST FORM**

Must be submitted to church office 7 days prior to traveling.

Pickup key(s) and gas card the day prior to the trip from the office. If weekend trip please pickup key(s) and card Friday prior to trip. Please remember to fill out back of travel log prior to returning to the office. Please remember to return van key(s) and gas card as soon as possible.

**\*REMINDER:** Driver(s) and head of the ministry using the van(s) are responsible for returning van(s) full of gas and removal of all items and trash. (Rental also)

DATE: \_\_\_\_\_ MINISTRY: \_\_\_\_\_

REQUEST COMPLETED BY: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Work Cell

PURPOSE OF TRAVEL: \_\_\_\_\_  
\_\_\_\_\_

Destination (Location): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

NUMBER OF VANS NEEDED \_\_\_\_\_ Church Van (s) \_\_\_\_\_ Rental Van (s) \_\_\_\_\_

NUMBER OF PASSENGERS EXPECTED: \_\_\_\_\_ Driver(s) Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

NUMBER OF DRIVER(S) CONTACTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE</b>	
Van Number #1	#2
<input type="checkbox"/> Available for Use _____ Van (s) Qty	
_____ Initial	

\_\_\_\_\_  
MINISTRY LEADER SIGNATURE

\_\_\_\_\_  
TRUSTEE LIASION

\_\_\_\_\_  
DATE

**TRAVEL LOG**  
**(TO BE COMPLETED BY DRIVER AND LEADER ON DAY OF TRAVEL)**

**DRIVER** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**DRIVER** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**CONDITION OF VAN UPON ARRIVAL** \_\_\_\_\_ **DEPARTURE:** \_\_\_\_\_

**NAMES OF PASSENGERS:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Departure Odometer Reading** \_\_\_\_\_

**Return Odometer Reading** \_\_\_\_\_

**Gas Gauge prior to Departure** \_\_\_\_\_

**Gas Gauge upon Return** \_\_\_\_\_

**Expenditure for Van**

**Gas** \_\_\_\_\_

**Oil** \_\_\_\_\_

\_\_\_\_\_  
**DRIVER'S SIGNATURE**

\_\_\_\_\_  
**MINISTRY LEADER'S SIGNATURE**

\*\*\*\*\*

**FOR OFFICE USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_

**RETURN DATE:** \_\_\_\_\_

**GAS CARD NUMBER:** \_\_\_\_\_

**KEY DISTRIBUTED TO:** \_\_\_\_\_

## VEHICLE CHECK LIST

This sheet is to help us keep our vehicles in the best driving and running condition possible, but to achieve this, your assistance is needed, and appreciated. Please fill out this form every time a vehicle is used.

Van's (Circle one)	Number #1	Number #2	_____
	Good	Fair	Poor
Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you notice	Fluids leaking	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Flat tire(s)	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You,  
Trustee Ministry**

Problems were checked on \_\_\_\_\_ by \_\_\_\_\_  
Trustee Liaison

And was taken to \_\_\_\_\_ for repairs or checked out on  
\_\_\_\_\_.