

ELIZABETH BAPTIST CHURCH

PASTOR CRAIG L. OLIVER, SR.

www.elizabethbaptist.org

OFFICE USE ONLY

Approved Denied Signature: _____

Date Requested: _____

Driver's Name: _____

TRANSPORTATION REQUEST FORM

Today's Date: _____

Name of Ministry or Committee: _____

Event Name: _____

Requester: _____

Phone Number: _____ E-Mail Address: _____

Purpose of trip: _____

Number in group: _____ Number of vehicles Requested: _____

Destination of trip: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Departure: ____/____/____

Time of Departure: ____:____ AM/PM

Date of Return: ____/____/____

Time of Return: ____:____ AM/PM

Driver's Information

Please choose designated drivers from the EBC Insured driver list. It is Requester responsibility to insure that drivers will drive before including their names on this form. If you need a driver list please contact your Ministry leader.

Driver's Name: _____ Driver's license #: _____

Driver's Name: _____ Driver's license #: _____

Driver's Name: _____ Driver's license #: _____

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Driver's Name: _____ Driver's license #: _____

All vehicle request forms must be turned in at least two weeks before departure, to allow ample time for your trip to post on security's calendar. Check with Bro. Mott at least 48 Hours before departure, to confirm that your trip is on Security's Calendar. All vehicles must be signed out and in with security. Check with the Security Office or Security Desk to obtain keys. The vehicle must be returned to the parking lot and the keys to Security for security reasons. The vehicle must be returned clean and full of fuel unless the vehicle is used for an EBC Worship service, program, event, for Pastor Craig L. Oliver, Sr. or to follow Pastor Craig L. Oliver, Sr.

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Date Received: ____/____/____

Time Received: ____:____ AM/PM

Is date available: Yes No If no, what date is available: Departure ____/____/____ Return ____/____/____

Is time available: Yes No If no, what date is available: Departure ____:____ AM/PM Return ____:____ AM/PM

Has Requester been contacted?: Yes No Date contacted: ____/____/____ Time: ____:____ AM/PM

If no, why: _____ Vehicle number or numbers assigned to this vehicle request: _____

Approved by: _____ Date: ____/____/____

EBC: THE REAL EXPERIENCE

RESTORING HOPE • EMPOWERING PEOPLE • ADVANCING THE KINGDOM • LEAVING A LEGACY