

# WACCAMAW BAPTIST ASSOCIATION

## VAN USE FORM

Date to be Checked Out:	Time Needed:
Date to be Returned:	Time of Return:
Organization:	Responsible Person:
Destination and Purpose:	
Number of Passengers:	
Designated Driver:	Cell Phone:

### TO BE COMPLETED BY OFFICE STAFF

Staff member who took reservation:	Date reservation was made:
Staff member who checked van out:	Staff member who checked van in:

### TO BE COMPLETED BY DRIVER

Mileage:	Gas when picked up (circle one)	Check After Use:
Beginning mileage:	full    3/4    1/2    1/4    empty	Interior clean: Y or N
Ending mileage:	<b>Gas when turned in (circle one)</b>	Trash emptied: Y or N
Total Mileage Used:	full    3/4    1/2    1/4    empty	Gas replaced: Y or N

**WE DO NOT PROVIDE THE GAS NECESSARY FOR YOUR TRIP. BE SURE TO REPLACE WHAT YOU USE.**

Please note any service performed in the course of your trip:

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Please note any mechanical problems or unusual noises you noticed:

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Please note any mishaps or vehicle damage during your trip:

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Please note any driver citations (moving violations) during your trip: (attach a copy of ticket)

Notes: