Trip Request

Department:	
Driver's Name(s):	
Driver's License No:	Issuing State:
Start Date:	Return Date:
Total Trip Miles:	
From:	To:
Reason for Trip:	
Vehicle No: Vehicle Tag No:	
By signing this report, I acknowledge tha	at I have:
1. A valid Driver's License	
2. Not had my driver's license suspende	ed or revoked within the past three years
	Date) for 15-passenger vans I also give martment to do a background check and give the results to my
Print Name:	
Sign Name:	
Date:	_
Department Head Signature	Date

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin,sex,disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: The Associate Vice President of Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O.Box668, Moorhead, MS 38761,662-246-6558.

Effective July 1, 2018