



Overseer Curtis L. Johnson, Senior Pastor
 8323 Augusta Rd. Pelzer, SC 29669
 (864) 243-9305 Fax: (864) 243-9353

Transportation/Vehicle Request Form

Transportation Ministry contact person: George Smith (864) 299-3728

- Request should be submitted at least 10 days in advance
- Only authorized drivers are allowed to drive the church vehicles

Please note that this is a request form and does not guarantee a vehicle for your event.
 Submit in the Transportation inbox

Type of Request (please check all that apply)

- Van or
 Bus: 15 Passenger 30 Passenger 60 Passenger

Event Sponsor:		Ministry Name:		
		Contact Name:		
		Contact #:	Email Address:	
		Event:	Number of Passengers:	
Departure/Arrival:		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <div style="text-align: right;"><i>Month/ Date/ Year</i></div>		
Departure/Arrival Time/ Location	Departure Time:	Arrival Time:	Destination (please provide details for "other")	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Valley Brook <input type="checkbox"/> Other _____ _____ _____	
Return:		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <div style="text-align: right;"><i>Month/ Date/ Year</i></div>		
Return Time/ Location	Pickup Time:		Return Location (please provide details for "other")	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Valley Brook <input type="checkbox"/> Other _____ _____ _____	
Driver Information		Do you have an authorized driver in your ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please attach directions</i>		If yes, name:
Authorization (Office use only)				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Driver 1:		
		Driver 2:		
Transportation Coordinator Signature:			Ministry Expense Charge: \$	
			Number of vehicles _____	
			Mileage utilized _____	