



TWIN RIVERS UNIFIED SCHOOL DISTRICT
WAREHOUSE GEAR TRUCK REQUEST

PLEASE COMPLETE THE TOP SECTION ONLY, THE BOX AREA IS FOR WAREHOUSE BILLING PURPOSES

SCHOOL SITE: _____

EVENT DESTINATION AND ADDRESS: _____

PERSON REQUESTING SERVICE: _____

DATE OF EVENT: _____

DEPARTURE TIME: _____

BUDGET CODE TO CHARGE FOR THIS SERVICE:

ADMINISTRATOR AUTHORIZATION: _____

<p>TRUCK ODOMETER COUNT AT DEPARTURE: _____</p> <p>TRUCK ODOMETER COUNT AT RETURN: _____</p> <p>ROUND TRIP MILES: _____</p> <p>RATE CHARGED PER MILE: \$.50</p> <p>TOTAL CHARGE FOR THE SERVICE: \$ _____</p> <p>DRIVER NAME: _____</p> <p>WAREHOUSE MANAGER AUTHORIZATION: _____ (Authorization is to provide service and charge the specified budget)</p>

❖ **PRICE SUBJECT TO CHANGE, BASED ON FUEL COSTS**