

**THE SCHOOL BOARD OF ST. LUCIE COUNTY
STORES & DISTRIBUTION CENTER
TRUCK TRIP REQUEST**

(Please Print)

1. REQUEST

Name of School Requesting Truck _____

Name of Person Requesting Truck _____

Destination and Purpose of Trip _____

Nature of Cargo _____ Number of Trucks Needed _____

Loading Location _____

Trip Beginning _____ / _____
Time Date

Estimated Trip Ending _____ / _____
Time Date

Requested by: _____ Approved by: _____

Date: _____ Date: _____

II. APPROVAL

Request Approved _____

Trip Number _____ Warehouse Foreman
Truck Number(s) _____

Driver(s) Assigned _____

Remarks _____

Fill out form and make photo copy for your records and send original to the Stores & Distribution Center. **340-4710. NOTE: Truck Requests must be in at least one week before Event**