

REVISED (05-27-14)

**St. Paul African Methodist Episcopal Church
TRANSPORTATION REQUEST FORM
85 Bishop Allen Drive, Cambridge, MA 02139
(617)-661-1110**

**Rev. Ellis I. Washington, Pastor/Teacher
Bro. Winston Marshall, Chair – Transportation Committee**

INSTRUCTIONS – (TO RESERVE MINI –BUS)

1. A Request Form must be submitted for each trip and placed in the Transportation Ministry Mail Box
2. Each Form must be approved by the Transportation Committee
3. **DRIVERS FOR TRIPS TO BE CONFIRMED BY COMMITTEE MEMBERS ONLY!**
4. A copy of this form will be placed in the Ministry/Organization mail box upon approval.

THIS SECTION TO BE COMPLETED BY ORGANIZATION

NAME OF ORGANIZATION _____

NAME OF DRIVER *(To be completed by Transportation Committee)* _____

Date of Trip: _____ Organization Representative Name _____

Departure Time: _____ Return Time: _____ Destination _____

Number of Riders: _____ Organization's Chairperson _____

Date Submitted: _____ Time: _____

Comments: _____

Approved by: _____

(Either Organization's Chair or Representative's Signature)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION COMMITTEE

Date Received: _____ Date Acknowledged: _____

(Notification to Organization)

Comments _____

Approved by: _____ Date Approved _____

(Form must be approved and signed by a member of Transportation Committee before trip can commence)*

Driver Assigned _____ Gas (Start) _____ Gas (Return) _____

Mileage (Start of trip) _____ Mileage (Return from Trip) _____ Total Mileage _____

Time (Start) _____ Finish _____ Total Time _____

Driver's Signature _____ Date _____

*All inquiries should be directed to either Bro. Winston Marshall, Sis. Cynthia Harris, Sis. Charlotte Nelson in this order. **DRIVERS SHALL SIGN FORM AND RECORD GAS AND MILEAGE CALLED FOR ON THE FORM – RETURN COMPLETED COPY TO TRANSPORTATION COMMITTEE'S MAILBOX.**

Please Note: No trip shall commence without the completion and approval of this form!

To God Be the Glory!