



VEHICLE TRAVEL ROSTER

DATE APPROVED _____

VEHICLE NUMBER _____

TRAVEL PACKET NO. _____

GENERAL	1) COST CENTER NO.	2) COST CENTER NAME	3) GROUP/PERSON	
	4) DRIVER NAME		5) TRIP/ACTIVITY SUPERVISOR	
	6) DEPARTMENT DATE/TIME	7) RETURN DATE/TIME	8) DESTINATION	
PASSENGERS	9) LIST OF PASSENGERS (INCLUDING DRIVER) NOTE: Please read this statement before signing name below: "I, the undersigned traveler, understand while the College has liability insurance coverage for my protection, in cases where the College is found negligent; it does not have general medical insurance coverage." <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center; margin-top: 5px;">PRINT NAME OF ALL PASSENGERS</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> </div> <div style="width: 48%;"> <p style="text-align: center; margin-top: 5px;">PASSENGER SIGNATURES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>			
	NOTE: Driver is responsible for obtaining required signatures of ALL passengers BEFORE leaving on Trip/Activity. The pink copy is to be left with VEHICLE MAINTENANCE SUPERVISOR AFTER obtaining signatures of all passengers except those who are picked up Off-Campus; those names MUST be on this form.			
	NOTE: First two copies of this MUST be attached to Vehicle Travel Request (PHP-4).			
	CERTIFICATION	10) DRIVER RELEASE CERTIFICATION:		
		"I certify that I am over 18, a BCC Employee*, have a valid driver's license, am qualified to drive this vehicle. while the vehicle is in my possession I will not use or allow it to be used for personal business, I will not allow any Non-BCC Employee to drive it (except in extreme emergency), and I will have all passengers sign the Insurance Statement. I will refrain from using alcohol, drugs or other substances having mind-altering characteristics."		
		DRIVER'S SIGNATURE _____	DATE SIGNED _____	

*Employee Definition: Any person(s) who is a full-time employee or part-time employee whose compensation is being earned while driving this vehicle.