



MOTT COMMUNITY COLLEGE
DISPATCH FORM

Bus:	Date:
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"I authorize _____ to use this vehicle for _____."

(Cost Center Manager's Signature)

BEFORE OPERATIONS CHECKS INCLUDE BUT ARE NOT LIMITED TO:

Fuel	Lights	Body
Other/Explanation		
Date/Time Out	Mileage Out	

"I performed the before-operations checks."

(Operator's signature)

(Dispatcher's Signature)

AFTER OPERATIONS CHECKS:

Expenses:	Fuel Gal \$	Oil Qts \$	Transmission Fluid Qts \$
Services Description:			
Usage:	Date/Time In	Mileage In	Miles Traveled

(Operator's Signature)