



RAINBOW TREATMENT CENTER VEHICLE REQUEST FORM

Complete the information and obtain approvals below. Forward the completed and approved form to the Physical Facility Department at 101 N. 1st Ave. Forms that are not approved or incomplete will be returned to the Employee. This form still requires all supporting documentation. All inquires may be directed to Dora Caddo at (928) 338-2490.

Employee Info:		Request Date:
Name _____	Email: _____	
Supervisor Name _____	Email _____	
Department _____	Number of passengers	
Type of vehicle request: _____	(include self)	

Desination: _____

Departure Date: _____

Departure Time: _____

Return Date: _____

Time Return: _____

Purpose of Request:

Employee Signature Date

Supervisor's Signature Date

Approved Denied

Purpose of Denial:

OFFICE USE ONLY!

Vehicle Assigned: _____ **Plate #:** _____

Physical Facility Signature: _____

Notes:
