

# [Company Name] trip plan

All work-related travel that involves one or more [company name] employees, driving or riding in a motor vehicle, requires prior approval by a manager/supervisor. Employees, please submit the information below for approval.

Name of driver:	
Passengers:	
Date of travel:	
Employee cell phone number:	
Destination (address and contact phone number):	
Departure time:	
Expected time of return:	
Check-in frequency:	
Vehicle information (make, color, license plate):	
<p>Is this a routine trip?</p> <ol style="list-style-type: none"> <li>Completed the intended route at least The intended route will be completed [insert number of times in how many years] in similiar conditions.</li> <li>The trip duration is half of a work day or less.</li> <li>The trip involves no high-risk circumstances.</li> </ol>	

**Employee**

Name: \_\_\_\_\_

Date requested: \_\_\_\_\_

Signature: \_\_\_\_\_

**Manager/supervisor:**

Name: \_\_\_\_\_

Date approved: \_\_\_\_\_

Signature: \_\_\_\_\_