



LEECH LAKE BAND OF OJIBWE

*LLBO Fleet Management
06209 Golf Course Rd NW
Cass Lake, Mn. 56633
Phone (218)335-4450
Fax (218)335-4477*

PROGRAM VEHICLE REQUEST

(OFFICIAL BUSINESS ONLY!)

Division/Program Request: _____

Program Account #: _____

Type of Vehicle Requested: ____ 15 Passenger Van \$50.00 per day .50 cents per mile

____ Standard Vehicle \$40.00 per day .40 cents per mile

Destination: _____ Purpose: _____

Driver(s): _____ # of passengers: _____

Driver License(s) #: _____

Contact #(s): _____

Include CLEAR Copy of Driver License(s)

Date and Time of Use: _____

Date and Time of Return: _____

Authorization:

Division Director Signature: _____

Program Manager Signature: _____

FLEET MGMT. USE ONLY:

Vehicle Plate Number: _____

Beginning Odometer _____ Ending Odometer _____