**For the Month of April 15th to the 21st**

**Note: Each section must be completed. Please hand in to Ron Desjardin daily at 11:00 PM.**

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| **DAILY TRIP DOCUMENTATION** | | | |
| ***DRIVER’S NAME:***  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***DESTINATION:***  **Buffalo**  **Laloche**  **Dillon**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **OVERNIGHT ONLY FOR SOUTHERN TRIPS:**  **Yes**    **No**  ***REASON FOR TRIP***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***PASSENGERS NAMES:***  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***Day of the Week:***  **Wednesday \_\_\_\_\_\_**  **Thursday \_\_\_\_\_\_**  **Friday \_\_\_\_\_\_**  **Saturday \_\_\_\_\_\_**  **Sunday \_\_\_\_\_\_**  **Monday \_\_\_\_\_\_**  **Tuesday \_\_\_\_\_\_**  ***DEPARTURE TIME:***  ***ARRIVAL TIME:*** | ***I fully agree to have my vehicle searched for excessive drugs and alcohol when I return.***  ***Signature:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Security Notes:***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |