



JOURNEY MANAGEMENT PLAN

Driver Name: _____ Date: _____

Driver's Cell Phone #: _____ Emergency Contact #: _____

Trip Description: _____

Destination: _____

Phone # at Destination: _____

Origin of Departure: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Business Purpose: _____

Vehicle # _____ Equipment # _____

List Passengers / Approved Co-Drivers:

Briefly Describe Route:

Expected Travel Time: _____

Expected Road Conditions:

Notes:

Defensive Driving Training Completed: _____

Manager, Client, etc. close-out Signature: _____