

REQUEST FOR TRANSPORTATION

THIS FORM IS TO BE FILLED OUT COMPLETELY, ACCURATELY AND SUBMITTED NO LESS THAN SEVEN WORKING DAYS PRIOR TO THE DATE OF THE TRIP. THANK YOU!

Today's Date _____

CHARTER # _____

REQUESTOR'S INFORMATION

DATE OF TRIP: _____

WEEK DAY: _____

Name of Staff/Adult Taking Trip: _____

Cell Phone: _____ District Extension: _____

Vehicle Requested: **BUS** Max. 9 **SUBURBAN** **TRAILER**

Students riding the bus are in what grade (s)?

NUMBER OF PASSENGERS:

Outgoing Trip:	Boarding Place <small>(If van or suburban, boarding place is always Bus Garage.)</small>	Load Time	<input type="radio"/> AM <input type="radio"/> PM
Destination:	Facility _____ City _____	Est. Arrival Time	<input type="radio"/> AM <input type="radio"/> PM
Return Trip:	Date _____ Est. Depart. Time _____	Est. Arrival Time	<input type="radio"/> AM <input type="radio"/> PM

BILL TO: (Only to be completed when no district chargeback code is being provided.)		Purpose/ Field Trip Description
Name _____	Street Address _____ Phone _____	_____
City, State & Zip _____		Chargeback Code _____

SPECIAL INSTRUCTIONS

APPROVALS

Supervisor/ Principal _____	Date _____
Transportation Director _____	Date Rec'd _____

DRIVER'S INFORMATION

UNIT #: _____	DEPART TIME FROM GARAGE _____	RETURN TIME TO GARAGE _____
DRIVER'S SIGNATURE: _____	ENDING ODOMETER _____	
PAYROLL: REGULAR HOURS _____	BEGINNING ODOMETER _____	
OVERTIME HOURS _____	TOTAL MILES DRIVEN _____	

OFFICE USE ONLY

Type of Trip: **DAY** **EXTRA-CUR** **SUBURBAN**

Driver Assigned:

Copy To: **CONFIRMATION** **ACCOUNTANT** **SCHOOL/DEPT**

CHARGEBACK \$