

TRIP AND VEHICLE REQUEST FORM

Vehicles Requested

_____ # of Regular Bus(s)

_____ # of Car/Van(s)

Type of Trip

Athletic

Field Trip

Conference

Account to be Charged: _____

INSTRUCTIONS

Requests must be approved and signed by your Administrator. This report must be completed by both the driver and the teacher/chaperone and returned to the Transportation Department at the completion of the trip.

*******A vehicle will not be authorized without appropriate signatures*******

THIS SECTION FOR TEACHER/CHAPERONE

Teacher/Chaperone _____

Date of Trip _____ Group _____

Destination _____ Total # of Passengers _____

Building to Leave From _____

Leave Time _____ Return Time _____

Administrator Signature _____ Date _____

Transportation Confirmation _____ Date _____

THIS SECTION TO BE COMPLETED BY DRIVER

Driver's Name _____ Bus # _____

Beginning Mileage _____ Start Time _____

Ending Mileage _____ Punch Out _____

FOR TRANSPORTATION OFFICE USE ONLY

Total Miles _____ Fuel Cost _____

Total Time _____ Wages _____