

TRANSPORTATION REQUEST

Date of Trip _____ Day _____

School _____ Class _____

Destination _____

Departing Time/School _____ **Departing Destination** _____

Person In Charge _____ Total Passengers _____ Number of Buses _____

Purpose of Trip _____

ESTIMATED COST (Call Transportation for Estimate)

APPROVAL

Driver _____ Principal _____

Driver Admin _____

Bus _____ Superintendent _____

TOTAL _____

TO BE COMPLETED BY DRIVER

Driver _____ Bus _____

TIME

ODOMETER

End of Trip: _____

Beginning of Trip: _____

TOTAL _____

FOR OFFICE USE ONLY

Wages

Bus

Driver _____ Bus _____

Driver Admin _____ **TRIP TOTAL** _____