

**YALE TRANSPORTATION DEPARTMENT
SCHEDULE TRIP REQUEST – TRIP COST ESTIMATE REQUEST**

Date of Request _____ Group/Bldg _____ Requested By _____

Date of Trip _____

Destination _____

Miles Round Trip _____

(Calculate from Yale)

Address _____

Number of Students _____

City _____

Number of Buses _____

School Departure Time _____ Return to School _____

Will there be any other stops _____

(Mcdonald's, Library)

Notes

WHEN THIS COMPLETED FORM IS RECEIVED IN TH TRANSPORTATION OFFICE, YOUR TRIP WILL BE SCHEDULED ON THE REQUESTED DATE, UNLESS THERE IS A CONFLICT WITH THE DATE. A TRIP COST ESTIMATE WILL BE FAXED TO YOU WITH THE INFORMATION NEEDED TO COMPLETE THE TRANSPORTATION REQUEST FROM. THE TRANSPORTATION REQUEST FORM MUST BE APPROVED AND SIGNED BY YOUR BUILDING ADMINISTRATOR AND THEN SENT TO THE SUPERINTENDENT'S OFFICE FOR APPROVAL/SIGNATURE.