

**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**

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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.