

REQUEST FOR ACTIVITY TRANSPORTATION

Instructions:

1. Request must be submitted *two weeks* prior to each trip and sent to the building Principal.
2. A separate request must be filled out for each trip.

THIS SECTION TO BE COMPLETED BY TEACHER/COACH/SUPERVISOR

DATE REQUEST SUBMITTED _____

DATE OF TRIP _____ DEPARTURE TIME _____ TIME OF RETURN _____
DESTINATION _____ DESIRED ARRIVAL TIME _____
PURPOSE OF TRIP _____
GROUP OR ORGANIZATION TAKING TRIP _____
PERSON IN CHARGE _____ TITLE _____
NUMBER OF BUSES NEEDED _____ NUMBER OF RIDERS _____
CHARGE TRIP TO _____ SPONSOR KNOWS DIRECTIONS? YES ___ NO ___
WILL YOU MISS BREAKFAST _____ LUNCH _____ (If yes, contact Food Services)
COMMENTS: (Include any directions or special instructions and stops, if any) _____

APPROVED BY: _____ TITLE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY BUS DRIVER AND RETURNED TO THE SUPERINTENDENT'S OFFICE.

(We Must Have This Form To Pay From)

DRIVER'S NAME (Print) _____
BUS USED: _____ DATE OF TRIP _____
BEG. ODOMETER _____ ENDING ODOMETER _____ TOTAL MILES _____
ACTUAL DEPARTURE TIME _____ ACTUAL RETURN TIME _____
DESCRIBE ANY PROBLEMS ON THIS TRIP, IF ANY _____

SIGNATURE OF BUS DRIVER _____

AUTHORIZATION FOR PAYMENT

SUPERVISOR'S SIGNATURE _____ AMOUNT \$ _____

SIGNATURE OF SUPERINTENDENT _____