



TRANSPORTATION REQUEST

Requests for transportation must be approved no later than **FOUR (4) WEEKS BEFORE** the day it is needed. Trips will be booked on a first come basis based on the availability of transportation and drivers.

DATE: _____ REQUESTED BY: _____

NUMBER OF BUSES NEEDED: _____ ESTIMATED NUMBER OF STUDENTS _____

CLASS: _____ ESTIMATED NUMBER OF CHAPERONES _____

PERSON(S) IN CHARGE OF TRIP _____

EDUCATIONAL OR OTHER JUSTIFICATION _____

DEPARTURE: PLACE _____ DATE _____ TIME _____

DESTINATION: PLACE _____ DATE _____ TIME _____

RETURN: PLACE _____ DATE _____ TIME _____

SPECIAL INSTRUCTIONS: _____

REQUIRED - CAFETERIA APPROVAL (Trina Hutchinson): _____
(Lunch arrangements need to be made in advance for trips that cause the students to be away during their lunch time).

BUS MILEAGE: APPROX. MILES _____ X \$4.00/MILE = _____
(Reminder: Multiply x 2 if round trip)

BUS DRIVER OVERTIME: # HOURS OVER 8 _____ X \$30/HR* = _____
*(this amount is approximate; actual overtime rate will be calculated after trip is complete)

BUS DRIVER MEALS: # OF MEALS _____ X _____ = _____
(\$13-Breakfast, \$16-Lunch, \$30-Dinner)

TOTAL TRIP COST: _____ = _____

EXPLAIN HOW THESE COSTS WILL BE PAID FOR: _____

***ASB BALANCE MUST BE CONFIRMED PRIOR TO APPROVAL (Lola Larios)**
CURRENT ASB BALANCE \$ _____ REQUEST APPROVED _____ DENIED _____

APPROVED BY (Cecilia D. Dial): _____ DATE: _____

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PRE-TRIP INSTRUCTIONS

DATE: _____ NAME OF SUPERVISING ADULT(S) _____

ENDING MILEAGE: _____ NUMBER OF STUDENTS: _____

BEGINNING MILEAGE: _____ NUMBER OF ADULTS: _____

TOTAL MILES: _____ DRIVER: _____

BUS# _____ SIGNATURE _____

SUBJECTS COVERED _____

TRIP CANCELLED _____
(DRIVER MUST COMPLETE ALL BUS TRIP INFORMATION AND LEAVE COPY OF REQUEST IN
OFFICE BEFORE DEPARTURE)