

School Activity Application Transportation Request

Applicant: Fill out and return to Principal

Date: _____ Building: _____

Teacher: _____ Participating Group: _____

Date of Field Trip: _____ Purpose: _____

Destination: _____

Address: _____

Estimated Number of: Students: _____ (Street) Adults: _____ (City)

Time of Departure: _____ Estimated Time of Return: _____

Teacher / Coach Specific Instructions: _____

Principal Approval: _____

Superintendent Approval: _____

Date: _____ Number of Buses Needed: _____

Name of Bus Driver Assigned: _____

Authorized Stops: _____

Transportation Supervisor Approval: _____

- DRIVER TO COMPLETE THIS PORTION -

Date of Trip: _____

Bus Number: _____ I.D. Number: _____ Odometer In: _____

Departure Time (Lot): _____ Odometer Out: _____

Arrival Time (Lot): _____ Total Miles: _____

Total Time: _____

Driver Comments: _____

Cost	Hours	Rate	Total

Driver Signature: _____ S.S. Number: _____

Approval for Payment: _____