

TRIP AND VEHICLE REQUEST FORM

INSTRUCTIONS

Requests must be approved and signed by your Administrator. This request form must be completed by the teacher/chaperone and returned to the Transportation Department for submission of your request.

****A vehicle will not be authorized without appropriate signatures.****

THIS SECTION COMPLETED BY TEACHER / CHAPERONE

Type of Trip: Athletic Field Trip Conference

Vehicles Requested: Number of Regular Bus(s) _____

Number of Car/Van(s) _____

Account to be Charged _____

Teacher / Chaperone Name _____

Date of Trip _____ Group _____

Destination _____ Total Number of Passengers _____

Destination Address _____

Building to Leave From _____

Leave Time _____ Return Time _____

Contact Name _____

Contact Phone _____ Contact Email _____

Administrator Signature _____ Date _____

Transportation Confirmation _____ Date _____

FOR TRANSPORTATION OFFICE USE ONLY

Total Miles _____ Fuel Cost _____

Total Time _____ Wage _____