



School District #8 (Kootenay Lake)
TRANSPORTATION REQUEST

M3

School Requesting Transportation: _____ Date Required: _____

Activity: _____ DESTINATION: _____

Departure TIME: _____ PLACE: _____

Return pick-up TIME: _____ PLACE: _____

of pupils: _____ Elem. _____ Sec. _____ Adults _____ Bus Remains? Yes [] No []

Person(s) Responsible for Supervision: _____

* Are there any medically at risk students on this trip, response plans in place and medications / supplies with student or teacher? YES [] NO [] *

Date of Request: _____ Principal/ V. Principal Signature _____ Teacher Signature _____

Trip charged to: Curri/X-Curr 102-34400 XX: [] Student Transp. Fund 102-34401: XX []

Other: [] Account No.: _____

OFFICE AND DRIVER USE ONLY

Trip #: _____ Driver: _____ Vehicle Assigned: _____ Odometer Finish: _____

Day One: Day Two: Additional Days: Start: _____

START time: ____/____ START time: _____ Total Kilometers: _____

Hrs. Cleaning: ____/____ Hrs. Driving Reg: _____

FINISH time: ____/____ Hrs. Driving OT: _____

Hrs. Waiting: _____

3 hr. + Release: ____/____ ____/____ ____/____

Total Trip Time: _____ Total Trip time: _____

Breakfast: _____ Breakfast: _____

Lunch: _____ Lunch: _____

Supper: _____ Supper: _____

Misc. _____ Misc. _____

Trip Totals: Hours: Reg.: ____ OT: ____ Meals: B= ____ L= ____ S= ____ Misc.: _____

Driver's Signature: _____ Employee No.: _____ SFE number/total: _____/_____

Supervisor Signature: _____

ACCOUNTING USE ONLY:

Reg. Hrs.: _____ / hr. = _____

O.T. Hrs. _____ / hr. = _____

Benefits @ 30% _____ = _____

Fuel: _____ = _____

Meals: _____ = _____

Other: _____ = _____

TOTAL _____ = _____