

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

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 _____ = _____