

# BUCKEYE UNION SCHOOL DISTRICT CHARTER TRIP TRANSPORTATION REQUEST FORM/TRIP SHEET

DATE OF REQUEST:

ORGANIZATION:

DESTINATION:

ADDRESS:

CITY:

LOAD TIME:  AM/PM

DEPARTURE TIME:  AM/PM

TIME RETURNING TO LOCATION:

DATE OF TRIP:

ADULT IN CHARGE:

BILL TO:

DROP AND RETURN: (IF APPLICABLE)  YES  NO

SPECIAL INSTRUCTIONS: (STOPS ENROUTE, ETC.)

REQUESTERS NAME:

NUMBER OF STUDENTS: \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_

TRANSPORTATION SUPERVISORS APPROVAL:

## FOR TRANSPORTATION USE ONLY

STAND-BY HOURS:

START	FINISH	TOTAL

DRIVING HOURS:

START	FINISH	TOTAL

MILES:

FINISH		
START		
TOTAL		

STUDENT COUNT:

TO:	
FROM:	

BUS EVACUATION GIVEN: \_\_\_\_\_

DRIVER \_\_\_\_\_

TIME USED \_\_\_\_\_

DATE \_\_\_\_\_

EXPENSES:

MEALS \_\_\_\_\_

TOLLS \_\_\_\_\_

PARKING \_\_\_\_\_

EXTRA CLEANING: \_\_\_\_\_

TIME USED \_\_\_\_\_

DRIVERS SIGNATURE: \_\_\_\_\_

BUS # \_\_\_\_\_

## TRANSPORTATION COST

TOTAL COST FOR TRIP: \_\_\_\_\_