

WASHINGTON UNIFIED SCHOOL DISTRICT
Transportation Request

SCHOOL _____ DEPT. /GRADE _____ DATE _____

DESTINATION/ADDRESS _____

NUMBER OF STUDENTS _____ NUMBER OF ADULTS _____ NUMBER OF BUSES _____

SCHOOL DEPARTURE TIME
(NOT BEFORE 8:30AM)

SCHOOL RETURN TIME

TRIP DAY AND DATE

BUDGET CODE (MANDATORY) _____

FOR CATEGORICAL PROGRAMS ONLY: This expenditure is related to the funding source,

PLEASE NOTE: *A ROSTER WITH EMERGENCY INFORMATION MUST BE PRESENT ON THE FIELD TRIP*

TEACHER'S NAME / DATE

SITE ADMINISTRATOR'S SIGNATURE / DATE

DISTRICT APPROVAL (CATEGORIAL/OTHER)

TRANSPORTATION APPROVAL

ADDITIONAL REQUESTER INFORMATION:

PLEASE NOTE: ***THIS TRANSPORTATION REQUEST IS NOT APPROVED UNTIL ALL SIGNATURES ARE PRESENT***

TRIP EMERGENCY PROCEDURE VERIFICATION: STARTING TIME: _____ ENDING TIME: _____

DRIVER: _____ BUS NUMBER _____

YARD	TIME IN	MILEAGE IN	TIME OUT	MILEAGE OUT	TOTAL MILEAGE

TIME ARRIVED SCHOOL	TIME DEPART SCHOOL	TIME ARRIVE DESTINATION	TIME DEPART DESTINATION	TIME ARRIVED BACK TO SCHOOL

TRIP COMPLETED _____

DRIVER'S SIGNATURE

DATE

(OFFICE USE ONLY)

MILEAGE CHARGE _____ RATE _____ COST _____

DRIVING HOURS _____ RATE _____ COST _____

OVERTIME _____ RATE _____ COST _____

TOTAL WORKDAY HRS _____
(M.O.T. INFORMATION ONLY)

TOTAL COST _____