
ORE CITY INDEPENDENT SCHOOL DISTRICT

Transportation Request

VEHICLE ASSIGNED: _____

SPONSOR: Please complete this form for each trip proposed. Submit the completed form to the principal along with the list of students attending this activity. Please submit this form at least one week in advance, if possible.

Date of Request: _____

Activity: _____

of Students: _____ # of Adults: _____

Place of Activity: _____

Initial Trip-Date of Departure: _____

ETD: _____ ETA: _____

Return Trip-Date: _____

EDT: _____ ETA: _____

DRIVER: Complete the blanks below and affix signature: Attach fuel receipts, repair requests, and return completed form and attachments, credit cards and keys to the central office.

Initial Odometer Reading: _____

Final Odometer Reading: _____

Problem with the Vehicle? Yes No

Amount of fuel remaining in vehicle after trip: _____

Nature of the problem: _____

Condition of the vehicle before making the trip: Previous driver left the vehicle:

Clean Not Clean (trash and/or food present)

SIGNATURES: All applicable signatures must be affixed below to indicate approval and notification.

SPONSOR: _____ PRINCIPAL: _____

TRANSPORTATION DIRECTOR: _____ DRIVER: _____

FOR BUS DRIVERS ONLY: BEGINNING TIME: _____ ENDING TIME: _____

TRANSPORTATION DEPARTMENT USE ONLY: REGULAR PROGRAM MILES: _____ SPECIAL PROGRAM MILES: _____