Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

Date trip was approved _____ By whom _____

Destination _____ Address_____ Phone_____

- ☐ Out-of-State
- ☐ Out-of-County
- ☐ Within-County
- ☐ Overnight (*Give name, address, phone # of lodging*) _____

_____

Date(s) of Trip _____ Departure Time _____Return Time _____

Number of Students _____ Faculty Sponsors _____ Chaperones _____Total # of Participants _____

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

Charge trip expenses to:

☐ Sponsoring organization ☐ School council ☐ Board/District

☐ Other (*specify*) _____

Mode of Transportation (*CHECK ONE*):

- ☐ District-owned school bus; number needed _____
- ☐ District-owned vehicle, other than bus; specify _____
- ☐ Private vehicle, if allowed by policy, specify driver(s) _____
- ☐ Certificated common carrier; specify _____
- ☐ Check here if luggage, equipment, projects, etc., will be transported. (*Specify*) _____

_____ _____

Faculty Sponsor's Signature ***Date***

Bus Number(s) _____ Driver(s) Name(s) _____

Estimated Expenses: Driver(s) $_____ Fuel $_____ Mileage $_____

Meals, if applicable $_____ Lodging, if applicable $_____

Actual Expenses: Driver (s) $_____ Fuel $_____ Mileage $_____

Meals, if applicable $_____ Lodging, if applicable $_____

Driving Time _____ Layover Time _____ Actual Miles _____

_____ _____

Transportation Supervisor's Signature ***Date***

RELATED PROCEDURES:

09.36 AP.21
09.36 AP.211
09.36 AP.23

Review/Revised:3/11/2015