# STUDENTS 09.36 AP.212

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, and phone #of lodging:

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone |
|       |       |       |

Date(s) of Trip:       Departure Time:       Return Time:      \_

Number of students:       faculty sponsors:       chaperone:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Faculty Sponsor 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 \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Signature of Transportation Supervisor Date***

Related Procedures:

09.36 AP.21

09.36 AP.211

Review/Revised:11/11/97