



REQUEST FOR PROPOSAL
PUPIL TRANSPORTATION SERVICES

TROY SCHOOL DISTRICT

February 11, 2014

REQUEST FOR PROPOSAL
RFP 9769
PUPIL TRANSPORTATION SERVICES
TROY PUBLIC SCHOOLS

Troy Schools is accepting firm, sealed proposals for Pupil Transportation Services to commence during the 2014-15 school year through June 30, 2017, which may be renewed annually each fiscal year thereafter through June 30, 2019.

Specifications and proposal forms can be obtained online at http://www.troy.k12.mi.us/pages/Troy_School_District. From the main page click on the Departments tab and open Business Services. Next, click into the Purchasing area and open the Current Bids folder, click on the RFP title and then scroll down to access the attached RFP document. Your proposal and four copies marked “**Pupil Transportation Services**” must be delivered no later than 1:00 p.m., Tuesday, February 11, 2014 to: Purchasing Department, Troy School District, 1140 Rankin, Troy, Michigan 48083, at which time all bids will be publicly opened and read aloud immediately thereafter. Bid proposals received after this time will not be considered or accepted.

A pre-proposal conference has been scheduled for 10:00 a.m., Thursday, January 30, 2014, in the Transportation Office, located at 120 Hart Road, Troy, Michigan 48098. All questions regarding the services specified, or the RFP terms and conditions will be accepted in writing ONLY and subsequently answered through an addendum to all interested parties. Any questions must be received no later than noon, Monday, February 3, 2014, at no other time prior to the RFP opening will questions/concerns be addressed or accepted and may be faxed to: 248.823.4077, or emailed as a Word document to: PurchasingOffice@troy.k12.mi.us.

All consultants submitting proposals must provide familial disclosure and attach this information to the proposal. The proposal will be accompanied by a sworn and notarized statement disclosing any familial relationship that exists between the owner or any employee of the consultant submitting a proposal and any member of the Troy Schools Board or the Troy Schools Superintendent. The District will not accept a proposal that does not include this sworn and notarized disclosure statement.

The Troy Board of Education reserves the right to accept or reject any or all bids, either in whole or in part; to award contract to other than the low bidder; to waive any irregularities and/or informalities; and in general to make awards in any manner deemed to be in the best interest of the owner.

Purchasing Department
Troy School District
1140 Rankin
Troy, MI 48083



Purchasing Department
Facility Operations

RFP 9769

RE: Pupil Transportation Services

ADDENDUM #3 – February 3, 2014

The Bidding Documents are modified, supplemented or augmented as follows, and this Addendum is hereby made a part of the proposed Contract Documents.

Question #1

To completely understand the entire RFP, please provide a copy of the detailed transportation invoices from the month of May 2013?

Answer #1

See attached A3.

Question #2

To completely understand the entire RFP, please provide a copy of all AM, Midday, and PM routes?

Answer #2

Please refer to the Request for Proposal, attachments C, D, E and A3.

Question #3

Are the current drivers represented by a union? Can you provide any information regarding the current drivers/monitors wages, and benefits?

Answer #3

N/A

Question #4

What was the total expenditure paid to the transportation vendor for the 2012/13 School Year?

Answer #4

Total expenditure paid to the transportation vendor during the 2012/13 School Year was approximately \$ 2,693,832.20.

Question #5

Please provide an estimate of the yearly utilities paid for the District owned facility?

Answer #5

Currently, the School District covers the Transportation Department utility expenses and that will continue.

Question #6

Please provide a copy of the entire transportation contract, pricing sheet, and extension documents for the transportation contractor First Student?

Answer #6

See Addendum #2 for this Request for Proposal.

Question #7

Please provide copies of the Home to School transportation invoices including all line item billing details for all route types (Regular Education, Public, Non-public, Special Ed., Preschool, etc.) from May 2013?

Answer #7

See Answer #1 above.

Question #8

Please provide copies of the Field Trip/Athletic trip invoices including all billing details, ect. Invoices from May 2013 and if applicable, a copy of the summer school invoices including all billing details for this past summer?

Answer #8

See Answer #1 above.

Question #9

Page 3, Overview. Notes the district has video surveillance systems and GPS. Will the district be providing this equipment and be responsible for the recurring costs and upkeep required for this equipment? Can you also please specify the video cameras and GPS systems that are in place today?

Answer #9

The District will require the vendor to continue to provide this equipment and maintain the current equipment. The current video surveillance system is Unity and the current GPS system is Zonar.

Question #10

Page 3, Overview. Who retrieves video recording data, reviews, and provides to building administration? Is this the bus contractor employees or district transportation liaisons? If contractor, can you summarize the typical volume of recording requests, as an example an average number of requests per week? Does the current contractor employ staff dedicated to retrieving camera data or does this require additional payroll time for part-time contractor employees to retrieve this information?

Answer #10

Currently, both the bus contractor employees and the District Liaison review the video recorded data on a typical volume range of 1-10 requests per week. No additional staff is dedicated to retrieving data.

Question #11

Page 4, item # 2.2. Indicates proposer is to provide “efficient routing”... Is the contractor to perform the function of routing and all components associated using the computerized routing software or is this function provided by the district employed transportation director and routing coordinator?

Answer #11

The District will continue to provide efficient routing using computerized routing software.

Question #12

Page 4, item # 2.3. Indicates the district wants four mechanics and one utility worker. Can you please verify if your expectation is that these are to be full time positions dedicated to your district?

Answer #12

These positions currently exist full time with the current vendor and the District expects this to continue.

In Case of Emergency-Please Call in the Order the Names Appear: **A3**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/9/13

DRIVER: M DOHANISH s/bv 63
REG BUS # TRIP BUS #

LOAD TIME: 3:15

FROM: ATHENS TO CLARKSTON JR HIGH

TEAM / GROUP FR. SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80404
Beginning 80356
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00

TOTAL
Hrs. 1 Min. 45

RETURN TIME: 4:45

INSTRUCTIONS: DROP

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/9/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

1.75
1.75



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$750.65	2609-002184

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Tennis		May. 16, 2013	May. 16, 2013	May. 16, 2013	N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	E BRANCH NUMBER
Athens HS - Tennis 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Girls JV Tennis to Lahser - Stay	2609-41210	May. 07, 2013	May. 07, 2013		4.24	\$48.46	1.00	\$205.47
2	Athens V Tennis to Farmington - Stay	2609-41210	May. 11, 2013	May. 11, 2013		11.25	\$48.46	1.00	\$545.18

SUB TOTAL: \$750.65
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$750.65

[Signature]
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$750.65
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002184
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Tennis
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D. Blaisdelle REG BUS # 112 TRIP BUS # 112

LOAD TIME: 3:00

FROM: ATHENS TO LAHSEK HS.

TEAM / GROUP G TENNIS JV

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 150358
Beginning 50334
TOTAL: 24

FUEL
Beginning Level FULL
Gallons Added 0

START TIME: 2:30 (PRE-TRIP REG'D)

TOTAL
Hrs. 1 Min. 40

RETURN TIME: 4:10

INSTRUCTIONS: (Drop)

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE DATE 5/7/13

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5/7/13
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

Total
4.24

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D. Crosthwaite 10 10
REG BUS # TRIP BUS #

LOAD TIME: AFTER RUV

FROM: LAHSEN TO ATHENS

TEAM / GROUP GIRLS JV TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84039
Beginning 84021
TOTAL: 18

FUEL
Beginning Level Full
Gallons Added

START TIME: 4:35

RETURN TIME: 7:24

TOTAL
Hrs. 2 Min. 49

INSTRUCTIONS: RETURN

DRIVER COMMENTS

[Signature] 5/7/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

X [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

X 5/7/13 7:09
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

282v

102

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/11/13

DRIVER: A. Allen 116 112
REG BUS # TRIP BUS #

LOAD TIME: 7:00 AM

FROM: ATHENS TO FARMINGTON

TEAM / GROUP V TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 150462 FUEL Beginning Level Full
Beginning 150357 Gallons Added 0
TOTAL: 105

START TIME: 6:40 AM TOTAL Hrs. 11 Min. 20
RETURN TIME: 6:00 PM

INSTRUCTIONS: STAY 4:00-4:30
SHUTTLE BTWN SCHOOLS

DRIVER COMMENTS _____

A. Allen 5/11/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Thanks for taking us all over today! Great job!

[Signature] 5:50 p.m.
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Bonus

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1133
1125



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$662.45	2609-002185

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Track		May. 16, 2013	May. 16, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533815	533815
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Track to Lahser - Stay	2609-41210	May. 09, 2013	May. 09, 2013	<input type="checkbox"/>	7.25	\$48.46	1.00	\$351.34
2	Athens Track to Groves - 2 Buses Drop -1 Bus Stay	2609-41210	May. 11, 2013	May. 11, 2013	<input type="checkbox"/>	3.21	\$48.46	2.00	\$311.11

SUB TOTAL: \$662.45
AMOUNT PAID: \$0.00
AMOUNT DUE: \$662.45

D. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$662.45
AMOUNT PAID:
 INVOICE NUMBER: 2609-002185
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Track
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/9/13

DRIVER: F Dennis REG BUS # 45 TRIP BUS # 53/2

LOAD TIME: 2:00 2:50

FROM: ATHENS TO LAHSE

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE:	Ending	<u>104549.0</u>	84	FUEL Beginning Level	<u>3/4</u>
	Beginning	<u>104528.4</u>		84172.1	Gallons Added
TOTAL:	<u>20.6</u>		20.6		

START TIME: 2:35 TOTAL Hrs. 7 Min. 25

INSTRUCTIONS: 19 bus stay

DRIVER COMMENTS

Frances Dennis DRIVER SIGNATURE 5-9-13 DATE

COACH / TEACHER COMMENTS:

J. V. Cook SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. O.T. Hrs.

Valid Meal Receipt Employee ID #

TRIP #

7.25
7.25

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/11/13

DRIVER: C. Parker 39 39
REG BUS # TRIP BUS #

LOAD TIME: 7:30 AM

FROM: ATHENS TO GROVES

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 58544 Beginning 58539 TOTAL: 5
FUEL Beginning Level _____ Gallons Added _____



START TIME: 7:15 RETURN TIME: 7:40 TOTAL Hrs. _____ Min. _____

INSTRUCTIONS: STAY

DRIVER COMMENTS: Only needed one bus let you have it

C. Parker DRIVER SIGNATURE 5-11-13 DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

bonus

42

42

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/11/13

DRIVER: N WILLIS 27 65
REG BUS # TRIP BUS #

LOAD TIME: 7:30 AM

FROM: ATHENS TO GROVES

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 89852
Beginning 89823
TOTAL: 29

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 7:00 AM TOTAL
RETURN TIME: 1:15 PM Hrs. 6 Min. 15

INSTRUCTIONS: STAY

DRIVER COMMENTS GREAT TRIP (GOOD KIDS)

[Signature] 5-11-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

BONUS

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

6.25
1.00



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS Baseball			May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy V Baseball to Berkley - Drop	2609-41210	May. 10, 2013	May. 10, 2013	<input type="checkbox"/>	1.33	\$48.46	1.00	\$64.45

SUB TOTAL: \$64.45
AMOUNT PAID: \$0.00

AMOUNT DUE: \$64.45

D. Asac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$64.45

AMOUNT PAID:

INVOICE NUMBER: 2609-002186

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS Baseball

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/10/13

DRIVER: M. Dehamish REG BUS # 61 TRIP BUS # 61

LOAD TIME: ~~3:00~~ 2:45

FROM: TRAY TO BERKLEY

TEAM / GROUP V BASEBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80426
Beginning 80404
TOTAL: 22

FUEL
Beginning Level F
Gallons Added F

START TIME: 2:30

RETURN TIME: 3:50

TOTAL
Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

5/10/13
DATE

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

133
133



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$246.18	2609-002187

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Boys LaCrosse		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Boys V LaCrosse to Northville - Drop	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	2.50	\$48.46	1.00	\$121.15
2	Troy Boys JV LaCrosse to Northville - Drop	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	2.58	\$48.46	1.00	\$125.03

SUB TOTAL: \$246.18
AMOUNT PAID: \$0.00
AMOUNT DUE: \$246.18

R. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$246.18

AMOUNT PAID:

INVOICE NUMBER: 2609-002187
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Boys LaCrosse
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: J LAPISH 12
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: TROY HIGH TO NORTHVILLE HS

TEAM / GROUP Boys V LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 77028
Beginning 76936
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:00

RETURN TIME: 10:00

TOTAL
Hrs. 6 Min. 0

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5-7-13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE



TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 21

6:00 ✓
2:50-Drive
3:50-107

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: B BARTLE 16 62
REG BUS # TRIP BUS #

LOAD TIME: 3:30

FROM: TROY HIGH TO NORTHVILLE HS.

TEAM / GROUP BOYS JV LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 98313 FUEL Beginning Level _____
Beginning 98238 Gallons Added _____
TOTAL: _____

START TIME: 3:30 TOTAL
RETURN TIME: 8:30 Hrs. _____ Min. _____

INSTRUCTIONS: STAY

DRIVER COMMENTS SWEET BUS

[Signature] 5/7/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 7:57
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 19

5.00J
Driver 2150
Unit 247

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$148.00	2609-002188

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Boys LaCross- Wait		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Boys V LaCrosse to Northville - Wait Time	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	3.50	\$25.00	1.00	\$87.50
2	Troy Boys JV LaCrosse to Northville - Wait Time	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	2.42	\$25.00	1.00	\$60.50

SUB TOTAL: \$148.00
AMOUNT PAID: \$0.00
AMOUNT DUE: \$148.00

700-070-399-9010-00-5000

D. [Signature]

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$148.00

AMOUNT PAID:

INVOICE NUMBER: 2609-002188
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Boys LaCross- Wait
 BRANCH PHONE: (248) 823-4054

**Troy School District
Athletic Transportation Log**
To be filled out if you are requesting a return trip.

Date: 5.7.13

School: JHS

Team: LAX Varsity

Coach: _____

Pick up Location: JHS

Start - 4:00
Time of departure: 4:15

Destination: Northville

Time of Arrival: 5:30

Wait time (time waiting for the team):

3 hours and 30 minutes

Time of Departure for home: 9:00

Time of arrival at home school: 9:50

J. LAPISHT
Driver's Name

Nate Reynolds
Coach's Name

J. Lapisht
Driver's Signature

Nate Reynolds
Coach's Signature

For office use only:

Total Cost: _____

Cost of Wait Time: _____
(Paid by team)

Remaining Cost: _____
(Paid by Athletics)

Handwritten notes:
150
3:50
1:00
END 10:00

Troy School District
Athletic Transportation Log

To be filled out if you are requesting a return trip.

Date: 5/7/13

School: TROY H.S.

Team: LAX

Coach: Matthew Kassa

Pick up Location: TROY H.S.

Time of departure: Start 3:30
~~4:45~~ 3:45

Destination: NORTHVILLE H.S.

Time of Arrival: 4:45

Wait time (time waiting for the team): 2 hours and 25 minutes

Time of Departure for home: 7:10

Time of arrival at home school: 7:57

ROBERT BARTELL

Driver's Name

Matthew Kassa
Rt + Clean Bus 8:30

Coach's Name

Robert Bartell

Driver's Signature

MK

Coach's Signature

For office use only:

Total Cost: _____

Cost of Wait Time:
(Paid by team)

Remaining Cost:
(Paid by Athletics)



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$105.16	2609-002189

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Soccer		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO: Troy HS - Soccer 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls JV/V Soccer to Seaholm - Drop	2609-41210	May. 08, 2013	May. 08, 2013		1.00	\$48.46	1.00	\$48.46
2	Troy Girls FR Soccer to Seaholm - Drop	2609-41210	May. 08, 2013	May. 08, 2013		1.17	\$48.46	1.00	\$56.70

SUB TOTAL: \$105.16
AMOUNT PAID: \$0.00

AMOUNT DUE: \$105.16

R. Asaw

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$105.16
AMOUNT PAID:
 INVOICE NUMBER: 2609-002189
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Gate / Lounge Key Box

Supervisor (CP) 248-840-6993

6293 12345

Sub Dispatch (CP) 248-867-8336

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/8/13

DRIVER: M CARPENTER 25 12
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: TROY TO SEAHOLM

TEAM / GROUP GIRLS JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: 10

FUEL Beginning Level 3/4
Gallons Added _____

START TIME: 4:15

TOTAL

RETURN TIME: 5:15

Hrs. 1 Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

M. Carpenter
DRIVER SIGNATURE

5-8-13
DATE

COACH / TEACHER COMMENTS: _____

Frank Thomas
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

4:35
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 29

100J

100

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/8/13

DRIVER: D. Righes
B. Dowlin

REG BUS # _____
TRIP BUS # 53

LOAD TIME: 2:45

FROM: TROY HIGH TO SEAHOLM

TEAM / GROUP GIRLS FR. SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:30

RETURN TIME: 3:40

TOTAL
Hrs. 1 Min. 10

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 5/8/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1.17
1.17



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$262.17	2609-002190

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Softball		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy JV/V Softball to Farmington - Drop	2609-41210	May. 06, 2013	May. 06, 2013	<input type="checkbox"/>	1.83	\$48.46	1.00	\$88.68
2	Troy JV/V Softball to Lake Shore - Drop	2609-41210	May. 10, 2013	May. 10, 2013	<input type="checkbox"/>	2.25	\$48.46	1.00	\$109.04
3	Troy FR Softball to Berkley - Drop	2609-41210	May. 10, 2013	May. 10, 2013	<input type="checkbox"/>	1.33	\$48.46	1.00	\$64.45

SUB TOTAL: \$262.17
AMOUNT PAID: \$0.00
AMOUNT DUE: \$262.17

D Daw

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$262.17
AMOUNT PAID:
 INVOICE NUMBER: 2609-002190
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Softball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/6/13

DRIVER: D. Blusdell REG BUS # 63
TRIP BUS #

LOAD TIME: 2:45

FROM: Troy TO FARMINGTON HS

TEAM / GROUP JV/V SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80195 FUEL Beginning Level FULL
Beginning 80137 Gallons Added 0
TOTAL: 58

START TIME: 2:30 TOTAL Hrs. 1 Min. 50
RETURN TIME: 4:20

INSTRUCTIONS: DROP

DRIVER COMMENTS

[Signature] 5/6/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1.83 ✓
1.83

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/10/13

DRIVER: D. Blaisdelle
R. GAROVER

45
102
REG BUS # TRIP BUS #

LOAD TIME: 2:45

FROM: Troy TO LAKE SHORE H.S.

TEAM / GROUP JV/V SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 92293
Beginning 92243
TOTAL: 50

FUEL
Beginning Level FULL
Gallons Added 0

START TIME: 2:30

RETURN TIME: 4:45

TOTAL
Hrs. 2 Min. 15

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/10/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 42

225

225

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/10/13

DRIVER: M. Dehmanish REG BUS # 61 TRIP BUS # 61

LOAD TIME: 3:00 2:45

FROM: Troy TO Berkley HHS

TEAM / GROUP FR. SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80426
Beginning 80404
TOTAL: 22

FUEL
Beginning Level F
Gallons Added

START TIME: 2:30

TOTAL

RETURN TIME: 3:50

Hrs. 1 Min. 20


INSTRUCTIONS: Drop


DRIVER COMMENTS

M. Dehmanish
DRIVER SIGNATURE

5/10/13
DATE

COACH / TEACHER COMMENTS:


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1.33 ✓

1.33



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$56.70	2609-002191

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Tennis		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER	EBRANCH NUMBER
Troy HS - Tennis 4400 Livernois Troy, MI 48098		533809	533809
COMMENTS			
Branch Phone #: (248) 823-4054			

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls JV Tennis to Marian - Drop	2609-41210	May. 08, 2013	May. 08, 2013		1.17	\$48.46	1.00	\$56.70

SUB TOTAL: \$56.70
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$56.70

D. Asano

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$56.70
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002191
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Tennis
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/8/13

DRIVER: D. Weishaar 20 61
REG BUS # TRIP BUS #

LOAD TIME: 3:00 3:45

FROM: TROY HIGH TO MARIAN H.S.

TEAM / GROUP GIRLS JV TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 86765
Beginning 86742
TOTAL: 24

FUEL
Beginning Level 3/4
Gallons Added 0

START TIME: 3:30

RETURN TIME: 4:40

TOTAL
Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS: _____

See Keating

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$881.01	2609-002192

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Track		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Track to Harrison 2 Buses drop 1 Stay	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	3.70	\$48.46	3.00	\$537.91
2	Troy Track to Dakota - Stay	2609-41210	May. 11, 2013	May. 11, 2013	<input type="checkbox"/>	7.08	\$48.46	1.00	\$343.10

SUB TOTAL: \$881.01
AMOUNT PAID: \$0.00
AMOUNT DUE: \$881.01

R. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$881.01

AMOUNT PAID:

INVOICE NUMBER: 2609-002192

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS Track

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: J. Lagan REG BUS # 20
LOAD TIME: 2:45 TRIP BUS #

FROM: Troy TO HARRISON

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____ TOTAL: _____
FUEL Beginning Level _____ Gallons Added _____



START TIME: 2:30 TOTAL Hrs. 2 Min. 30
RETURN TIME: 5:00

INSTRUCTIONS: w/c Drop

DRIVER COMMENTS _____

[Signature] DRIVER SIGNATURE DATE 5-7-13

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

250 ✓
250

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: R. Dume REG BUS # 45
TRIP BUS #

LOAD TIME: 2:45

FROM: TROY TO HARRISON

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 92244
TOTAL: _____
FUEL Beginning Level _____
Gallons Added _____



START TIME: 3:00 TOTAL
RETURN TIME: 4:35 Hrs. 1 Min. 35

INSTRUCTIONS: Drop ~~STAN~~ w/c

DRIVER COMMENTS _____

[Signature] 5/7/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1.58 ✓
1.58

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D. Kuptz REG BUS # 38 TRIP BUS # 63

LOAD TIME: 2:45

FROM: Troy TO HARRISON

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80276
Beginning 80221
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____



START TIME: 2:30 TOTAL
RETURN TIME: ~~2:30~~ 9:30 Hrs. _____ Min. _____

INSTRUCTIONS: STAY o/c

DRIVER COMMENTS _____

Deborah Kuptz DRIVER SIGNATURE DATE 5-7-13

COACH / TEACHER COMMENTS: Jessy [Signature]

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

bowls

7.00 ✓

7.00

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/11/13

DRIVER: J LARIVEE 41 12
REG BUS # TRIP BUS #

LOAD TIME: 8:00 AM 8:30

FROM: TROY HIGH TO DAKOTA

TEAM / GROUP JV TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 31,383
Beginning 31,343
TOTAL: 40

FUEL
Beginning Level 1/2
Gallons Added 50

START TIME: 8:00

TOTAL

RETURN TIME: 3:20

Hrs. 7 Min. 20

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

[Signature] 5/11/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

2:36
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

Bonus

733 ✓

708



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$351.82	2609-002193

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Boulan Park Middle School		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533893	533893
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Boulan 6th grade orch. to Athens	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	2.00	\$48.46	1.00	\$96.92
2	Boulan Advance Orch. to Athens	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	1.96	\$48.46	2.00	\$189.96
3	Boulan Chamber Orchestra to Athens	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	0.67	\$48.46	2.00	\$64.94

SUB TOTAL: \$351.82
AMOUNT PAID: \$0.00

AMOUNT DUE: \$351.82

R. Asaw

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$351.82
AMOUNT PAID:
 INVOICE NUMBER: 2609-002193
 CUSTOMER NUMBER: 533893
 EBRANCH NUMBER: 533893
 LOCATION CODE: 22609
 COMPANY NAME: Boulan Park Middle School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D KURTZ 38 63
REG BUS # TRIP BUS #

LOAD TIME: 12:45

FROM: BOULAN TO ATHENS

TEAM / GROUP 6th or orch

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80221 FUEL Beginning Level _____
Beginning 80208 Gallons Added _____
TOTAL: _____

START TIME: 12:30 TOTAL 00
RETURN TIME: 2:30 Hrs. 2 Min. 10

INSTRUCTIONS: up if possible
STAY! RETURN @ 2:15

DRIVER COMMENTS _____

Delmar Kurtz 5-7-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 2:25
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
80/2 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 17

200V
200V

Fine Arts Account

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Boulton Park M.S. GRADE/GROUP 6th Grade Orche.
DAY Tuesday DATE May 7, 2013 # OF STUDENTS 78 ADULTS 2
DESTINATION Athens H. S.
ADDRESS _____
No. _____ Street _____ City Troy

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE All City Orchestra Rehearsal

EXACT TYPE OF TRANSPORTATION PLANNED 2 largest size w/ understorage bus
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Instruments

Depart school 12:45 a.m. Depart destination 2:00 a.m.
Arrive destination 1:00 a.m. Arrive school 2:15 a.m.

Students' supervision during trip by Mrs. Griffith & a parent

Number of trips your group has made this year 0
Where _____

APPLICANT'S SIGNATURE [Signature] DATE 4/16/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4-16-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/16/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: J LAPISH 12 REG BUS # 16 TRIP BUS #

LOAD TIME: 10:45

FROM: BOULAN TO ATHENS

TEAM / GROUP adv. orchestra

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 76901 Beginning 76887 TOTAL: 4
FUEL Beginning Level _____ Gallons Added _____



START TIME: 10:30 RETURN TIME: 12:25 TOTAL Hrs. _____ Min. _____

INSTRUCTIONS: w/c IF POSSIBLE STAY RETURN 12:15

DRIVER COMMENTS _____

[Signature] DRIVER SIGNATURE 5/7/13 DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # 14

192 ✓
199

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: J LAZAR REG BUS # 20 TRIP BUS # 20

LOAD TIME: 12:45

FROM: BOULAV TO ATHENS

TEAM / GROUP BWP

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____
FUEL Beginning Level _____ Gallons Added _____
TOTAL: _____

START TIME: 11:20 12:30

RETURN TIME: 2:30 TOTAL Hrs. 2 Min. 00

INSTRUCTIONS: RET 2:15

DRIVER COMMENTS _____

[Signature] DRIVER SIGNATURE 5-7-13 DATE

COACH / TEACHER COMMENTS: _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 18

2.00v
1.00

Fine Arts Account

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Bowlan Park MS GRADE/GROUP Adv Orchestra
DAY Tues DATE May 7, 2013 # OF STUDENTS 38 ADULTS 1
DESTINATION Athens H.S. Auditorium
ADDRESS _____
No. _____ Street _____ City TROY

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE All City Concert Rehearsal

EXACT TYPE OF TRANSPORTATION PLANNED 1 largest sized/under storage bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Instruments

Depart school 10:45 a.m. Depart destination 12:00 Noon p.m.

Arrive destination 11:00 a.m. Arrive school 12:15 p.m.

Students' supervision during trip by Mrs. Griffith

Number of trips your group has made this year 1 - District Festival

here See above

APPLICANT'S SIGNATURE [Signature] DATE 4/16/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4-16-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE _____

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.

Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: J. Lapisch

LOAD TIME: 8:45

REG BUS # _____ TRIP BUS # _____

FROM: Boulan TO Athens

TEAM / GROUP chamber orchestra

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____
FUEL Beginning Level _____ Gallons Added _____
TOTAL: _____



START TIME: 8:30 TOTAL
RETURN TIME: 9:05 Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

DRIVER SIGNATURE _____ DATE _____

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE _____
 TIME OF RETURN TO BUILDING _____

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

58 ✓
58

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D CAMERON 4 15
REG BUS # TRIP BUS #

LOAD TIME: 8:45 Return

FROM: BOULAN TO ATHENS

TEAM / GROUP chamber orchestra

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 89630
Beginning 89620
TOTAL: 10

FUEL
Beginning Level 1/2
Gallons Added 2

START TIME: 9:30 AM

RETURN TIME: 10:15

TOTAL
Hrs. 6 Min. 45

INSTRUCTIONS: STAY upc if possible Return
RETURN @ 10:45

DRIVER COMMENTS _____

[Signature] 5-7-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Great Ride! [Signature]

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

47/11

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 11

75

75

Fine Arts Account

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Boulton Park MS GRADE/GROUP Chamber Orchestra

DAY Tues DATE May 7, 2013 # OF STUDENTS 46 ADULTS 1

DESTINATION Athens HS Auditorium

ADDRESS _____
No. Street City Troy

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE All-City Concert Rehearsal

EXACT TYPE OF TRANSPORTATION PLANNED 1 largest sized/under storage bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY instruments

Depart school 8:45 a.m. Depart destination 10:00 a.m.

Arrive destination 9:00 a.m. Arrive school 10:45 a.m.

Students' supervision during trip by Mrs. Griffith

Number of trips your group has made this year 1

where District Festival

APPLICANT'S SIGNATURE [Signature] DATE 4/16/13

PRINCIPAL'S APPROVAL [Signature] DATE 4-16-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/17/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$549.04	2609-002194

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Smith Middle School		May. 17, 2013	May. 17, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533901	533901
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Smith Advance Orchestra to Athens	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	2.00	\$48.46	1.00	\$96.92
2	Smith Chamber Orchestra to Athens	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	1.83	\$48.46	1.00	\$88.68
3	Smith 6th grade Orchestra to Athens	2609-41210	May. 07, 2013	May. 07, 2013	<input type="checkbox"/>	2.00	\$48.46	1.00	\$96.92
4	Smith Advance Orchestra to Martell	2609-41210	May. 08, 2013	May. 08, 2013	<input type="checkbox"/>	2.75	\$48.46	1.00	\$133.26
5	Smith Advance Orchestra to Hamilton	2609-41210	May. 09, 2013	May. 09, 2013	<input type="checkbox"/>	2.75	\$48.46	1.00	\$133.26

SUB TOTAL: \$549.04
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$549.04

R. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$549.04
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002194
 CUSTOMER NUMBER: 533901
 EBRANCH NUMBER: 533901
 LOCATION CODE: 22609
 COMPANY NAME: Smith Middle School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: R Bowers 14
REG BUS # TRIP BUS #

LOAD TIME: 10:45

FROM: SMITH TO ATHENS

TEAM / GROUP ADV. ORCHESTRA

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80208 FUEL Beginning Level _____
Beginning 80195 Gallons Added _____
TOTAL: 13

START TIME: 10:15 10:30 TOTAL
RETURN TIME: 12:13 Hrs. 2 Min. 15⁰⁰

INSTRUCTIONS: STAY U/C IF POSSIBLE
RETURN 12:15

DRIVER COMMENTS _____

R. Bowers 5/7/2013
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 12:10
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
4/1/11
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 13

2.00 ✓

100

TROY SCHOOL DISTRICT ^{4-18-13 FAXED TO TRANS X4055 Q/next} FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL SMITH MIDDLE GRADE/GROUP ADV. ORCHESTRA
DAY TUES DATE MAY 7, 2013 # OF STUDENTS 40 ADULTS 1
DESTINATION ATHENS H.S. AUD.
ADDRESS Troy City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES
EDUCATIONAL PURPOSE ALL CITY CONCERT REHEARSAL

EXACT TYPE OF TRANSPORTATION PLANNED LARGEST SIZE / UNDER CARRIER BUS
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY INSTRUMENTS.

Depart school 10:45 a.m. Depart destination 12:00 noon a.m.
p.m. p.m.
Arrive destination 11:00 a.m. Arrive school 12:15 a.m.
p.m. p.m.

Students' supervision during trip by MR. MICHAEL NAIR

Number of trips your group has made this year —

Where —

APPLICANT'S SIGNATURE [Signature] DATE 4/12/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4-18-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/18/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D WELSHAAR s/bv 61
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: SMITH TO ATHENS

TEAM / GROUP chamber orchestra

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 86654 Beginning 86637
FUEL Beginning Level Full Gallons Added 0

TOTAL: _____

START TIME: 8:30

TOTAL

RETURN TIME: 10:20 Hrs. _____ Min. _____

INSTRUCTIONS: STAY upc if possible
RETURN @ 10:45

DRIVER COMMENTS _____

Despina Welshaar 5-7-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

10:05
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

25/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 10

183 ✓

183

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Smith MS GRADE/GROUP Chamber Orchestra

DAY Tuesday DATE May 7, 2013 # OF STUDENTS 24 ADULTS 1

DESTINATION Athens HS

ADDRESS _____
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES

EDUCATIONAL PURPOSE All City Orchestra Rehearsal

EXACT TYPE OF TRANSPORTATION PLANNED 1 Largest size w/ storage underneath

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 8:45 a.m. p.m. Depart destination 10:00 a.m. p.m.

Arrive destination 9:00 a.m. p.m. Arrive school 10:15 a.m. p.m.

Students' supervision during trip by Mr. Jones

Number of trips your group has made this year 1

Where District Festival

APPLICANT'S SIGNATURE [Signature] DATE 4/22/2013
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER JEFF McCoy Acct #

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus o/c DATE 4/23/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/7/13

DRIVER: D WEISHAAR 5/10y 121
REG BUS # TRIP BUS #

LOAD TIME: 12:45

FROM: SMITH TO ATHENS

TEAM / GROUP 6th gr. orchestra

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 8666P
Beginning 86654
TOTAL: _____

FUEL Beginning Level Full
Gallons Added 0

START TIME: 12:30 TOTAL
RETURN TIME: 2:30 Hrs. _____ Min. _____

INSTRUCTIONS: w/c if possible STAY
RET @ 2:15

DRIVER COMMENTS _____

Despina Weishaar 5-7-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

2:20
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

3/1
BONUS

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 16

2.00
2.00

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Smith MS GRADE/GROUP 6th grade Orchestra
DAY Tues DATE May 7, 2013 # OF STUDENTS 30 ADULTS 1
DESTINATION Athens HS
ADDRESS _____
No. _____ Street _____ City _____

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
EDUCATIONAL PURPOSE All city Orchestra rehearsal
EXACT TYPE OF TRANSPORTATION PLANNED 1 large bus w/ storage underneath
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 12:45 a.m. Depart destination 2:00 a.m.
p.m. Arrive destination 1:00 a.m. Arrive school 2:15 a.m.
p.m.

Students' supervision during trip by Mr. Benes

Number of trips your group has made this year 0

Where P

APPLICANT'S SIGNATURE [Signature] DATE 4/22/2013
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER JEFF McCoy ACCT #

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus w/c DATE 4/25/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/8/13

DRIVER: A WHALL 42 10
REG BUS # TRIP BUS #

LOAD TIME: 12:00 NOON

FROM: SMITH TO MARTELL

TEAM / GROUP Adv. ORCH.

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 98,994 Beginning 98,769 TOTAL: 5
FUEL Beginning Level 34 Gallons Added _____

START TIME: 11:45 RETURN TIME: 2:30 TOTAL Hrs. 2 Min. 45
see note SB

INSTRUCTIONS: STAY w/ c BUS RETURN 2:15

DRIVER COMMENTS: Returned on #35 came out late @ 2:45..

Amyll
DRIVER SIGNATURE DATE 5/8/13

COACH / TEACHER COMMENTS: _____

X _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

4/1/1

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 35

2.75 ✓

2.75

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL SMITH MIDDLE GRADE/GROUP ADV. ORCH.

DAY WEDS DATE 5/8/13 # OF STUDENTS 40 ADULTS 1

DESTINATION MARTEL ELEMENTARY

ADDRESS TROY City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES

EDUCATIONAL PURPOSE TOUR CONCERT

EXACT TYPE OF TRANSPORTATION PLANNED ONE LARGEST LINDEN CARRIAGE BUS

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY INSTRUMENTS

Depart school 12:00 NOON a.m. p.m. Depart destination 2:00 a.m. p.m.

Arrive destination 12:15 a.m. p.m. Arrive school 2:15 a.m. p.m.

Students' supervision during trip by TEACHER

Number of trips your group has made this year 1

Where ALL-CITY REHEARSAL

APPLICANT'S SIGNATURE [Signature] DATE 4/17/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER JEFF MCCOY ACCT #

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus w/fee DATE 4/25/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/9/13

DRIVER: A WHALL 42 10
REG BUS # TRIP BUS #

LOAD TIME: 9:45

FROM: SMITH TO HAMILTON

TEAM / GROUP ADV. ORCH

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 98841
Beginning 98829
TOTAL: _____

FUEL
Beginning Level 1/2
Gallons Added Full 47 gal.

START TIME: 12:15
RETURN TIME: 9:30

TOTAL
Hrs. 2 Min. 45

INSTRUCTIONS: w/o IF POSSIBLE
RETURN 11:15

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/9/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

4/1

Reg. Hrs. _____

2.75

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 31

2.75

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL SMITH MIDDLE GRADE/GROUP ADV. ORCH.
DAY THURS. DATE 5/9/13 # OF STUDENTS 40 ADULTS 1
DESTINATION HAMILTON ELEMENTARY
ADDRESS _____ City TROY

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES
EDUCATIONAL PURPOSE TOUR CONCERT

EXACT TYPE OF TRANSPORTATION PLANNED ONE DISTRICT BUS w/ UNDERCARRIAGE
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY INSTRUMENTS

Depart school 9:45 ^{a.m.}/_{p.m.} Depart destination 11:00 ^{a.m.}/_{p.m.}
Arrive destination 10:00 ^{a.m.}/_{p.m.} Arrive school 11:15 ^{a.m.}/_{p.m.}

Students' supervision during trip by TEACHER

Number of trips your group has made this year 1

Where ALL-CITY REHEARSALS

APPLICANT'S SIGNATURE [Signature] DATE 4/17/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER JEFF MCCOY ACCT #

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/25/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$585.39	2609-002197

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Hill Elementary		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Hill Elementary 4400 Livernois Troy, MI 48098	533883	533883
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Hill 4th grade to Ford Rouge Truck Plant	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/>	5.75	\$48.46	1.00	\$278.64
2	Hill 5th grade to Oakland University	2609-41210	May. 17, 2013	May. 17, 2013	<input type="checkbox"/>	6.33	\$48.46	1.00	\$306.75

SUB TOTAL: \$585.39
AMOUNT PAID: \$0.00
AMOUNT DUE: \$585.39

700-010-199-3930-00-5000

Q asac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$585.39

AMOUNT PAID:

INVOICE NUMBER: 2609-002197

CUSTOMER NUMBER: 533883

EBRANCH NUMBER: 533883

LOCATION CODE: 22609

COMPANY NAME: Hill Elementary

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: N WILLIS 21 5
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: Hill TO FORD ROUGE TRUCK PLANT

TEAM / GROUP GA

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82533 Beginning 82464 TOTAL: 69
FUEL Beginning Level _____ Gallons Added _____

START TIME: 8:15 RETURN TIME: 2:15 TOTAL Hrs. 6 Min. _____

INSTRUCTIONS: RETURN 2:15

DRIVER COMMENTS GOOD TRIP!

[Signature] 5-14-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____ O.T. Hrs. _____
Valid Meal Receipt _____ Employee ID # _____
TRIP # 2

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Hill GRADE/GROUP 4 DAY Tues DATE May 14 # OF STUDENTS 50 ADULTS 22 DESTINATION Ford Rouge Truck Plant ADDRESS Dearborn No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes EDUCATIONAL PURPOSE MI History - Economics - Environment EXACT TYPE OF TRANSPORTATION PLANNED School Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Depart school 8:45 a.m. Depart destination 1:30 p.m. Arrive destination 9:30 a.m. Arrive school 2:15 p.m.

Students' supervision during trip by Teachers & Chaperones Number of trips your group has made this year 2

Where Gem & Mineral Show & Lansing

APPLICANT'S SIGNATURE Lora Herbert DATE 11/2/12

PRINCIPAL'S APPROVAL Janice Bzyzanski DATE 11-26-12

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING. AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE ACCOUNT NUMBER

CENTRAL OFFICE APPROVAL Jan Keeling DATE 11.29.12

TRANSPORTATION DEPT. COSTS 1 bus DATE 12/3/12

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling. 2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. 3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. 4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m. 5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s) and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: J ZALESNY 126 16
REG BUS # TRIP BUS #

LOAD TIME: 8:50

FROM: Hill TO OAKLAND UNIVERSITY

TEAM / GROUP 5A

TRIP TYPE: 02 - EDUC (circled) 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ FUEL Beginning Level FULL
Beginning 27510 Gallons Added _____
TOTAL: 27550

START TIME: 8:40 TOTAL Hrs. 6 Min. 20
RETURN TIME: 3:00

INSTRUCTIONS: RETURN 2:45

DRIVER COMMENTS _____

[Signature] 5/17/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 18B

6:33 J
1:33

700-010-199-3930-00
5000

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Hill GRADE/GROUP 5th
DAY Friday DATE May 17, 2013 # OF STUDENTS 57 ADULTS 7
DESTINATION Oakland University
ADDRESS 106 N. Foundation Hall Rochester
No. Street City

64

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes

EDUCATIONAL PURPOSE Study Water Conservation in-line w/ science

EXACT TYPE OF TRANSPORTATION PLANNED School Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Lunches in large baskets

Depart school 8:50 a.m. p.m. Depart destination 2:15 a.m. p.m.

Arrive destination 9:20 a.m. p.m. Arrive school 2:45 a.m. p.m.

Students' supervision during trip by Teachers/Chaperones/04 staff

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Gerry Shankin DATE 1-16-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL Janice Bzyzanski DATE 1-16-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL Jan Kulong DATE 1-22-13

TRANSPORTATION DEPT. COSTS 1 bus DATE 1/24/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$594.60	2609-002199

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Morse Elementary		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098		533887	533887
COMMENTS			
Branch Phone #: (248) 823-4054			

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Morse 1st grade to Soccra	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/>	2.08	\$48.46	1.00	\$100.80
2	Morse Kdg. to Detroit Zoo	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/>	6.00	\$48.46	1.00	\$290.76
3	Morse 1st grade to Soccra	2609-41210	May. 17, 2013	May. 17, 2013	<input type="checkbox"/>	2.27	\$48.46	1.00	\$110.00
4	Morse 1st grade to Soccra	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	1.92	\$48.46	1.00	\$93.04

SUB TOTAL: \$594.60
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$594.60

700-002-199-3930-00-5000

D. Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$594.60
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002199
 CUSTOMER NUMBER: 533887
 EBRANCH NUMBER: 533887
 LOCATION CODE: 22609
 COMPANY NAME: Morse Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: D WEISHAAR 5/6V 20
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: MORSE TO SOCCRA

TEAM / GROUP A

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 873
Beginning 71857
TOTAL: _____

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 9:15

RETURN TIME: 11:20

TOTAL
Hrs. 2 Min. 5

INSTRUCTIONS: RETURN 11:00

DRIVER COMMENTS _____

[Signature] 5/14
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

11:08
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

3/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 5

208 ✓

208

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Morse Elementary GRADE/GROUP 1st grade
DAY Tue DATE May 14, 2013 # OF STUDENTS 26 ADULTS 5
DESTINATION SOCCEA (Troy Recycling Center) 31
ADDRESS 995 Coolidge Hwy Troy
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
EDUCATIONAL PURPOSE To enhance our learning on our IB unit on sharing the planet
EXACT TYPE OF TRANSPORTATION PLANNED Troy School BUS
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY none

Depart school 9:30 a.m. Depart destination 10:45 a.m.
Arrive destination 9:45 a.m. Arrive school 11:00 a.m.

Students' supervision during trip by L. McDonald + Parents

Number of trips your group has made this year 2

Where Troy Historical Museum + Tellys Greenhouse

APPLICANT'S SIGNATURE L. McDonald DATE 04/26/12
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4/26/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER 700-007 199 3930 00 5000

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/26/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: L FORMAZ
H CHAKEL 20
33 20
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: MORSE TO DETROIT ZOO

TEAM / GROUP Kdy

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 71961 FUEL Beginning Level _____
Beginning 71941 Gallons Added _____
TOTAL: 20

START TIME: 9:15 TOTAL
RETURN TIME: 3:15 Hrs. 6 Min. _____

INSTRUCTIONS: RETURN 3:20

DRIVER COMMENTS _____

[Signature] 5-15-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
76/1 * Bonus Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 8

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Morse Elementary GRADE/GROUP K
 DAY Wednesday DATE May 15 # OF STUDENTS 70 ADULTS 25 Not riding
 DESTINATION Detroit Zoo *Send 1 Extra large bus
 ADDRESS 8450 W. 10 mile Rd City Royal Oak (bus)
 No. Street City 48067

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
 EDUCATIONAL PURPOSE To cul our IB. unit How the World Works
 EXACT TYPE OF TRANSPORTATION PLANNED T.S.D. bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY

Depart school 9:30 a.m. Depart destination 3:00 p.m.
 Arrive destination 9:50 a.m. Arrive school 3:20 p.m.

Students' supervision during trip by Teachers & Parent Volunteers

Number of trips your group has made this year 2
Where Upland Hills Farm Athens (dance)

APPLICANT'S SIGNATURE Kulraj Phuman DATE 4-12-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4/12/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL 700-007-199-3930 DATE 4-12-13

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/15/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: L CROSTHWAITE 2 REG BUS # 2 TRIP BUS #

LOAD TIME: 9:30

FROM: MORSE TO SOCORA

TEAM / GROUP rdg

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84577
Beginning 84567
TOTAL: 10

FUEL Beginning Level 2/3 Tank
Gallons Added ---

START TIME: 9:20

RETURN TIME: 11:36

TOTAL Hrs. 2 Min. 15

INSTRUCTIONS: Return 11:00

DRIVER COMMENTS went straight from A.M. Run to Trip.

[Signature] 5/17/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

11:20

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

30/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 20

227 ✓

227

TROY SCHOOL DISTRICT

FORM 1

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Morse Elementary GRADE/GROUP 1st grade
 DAY Friday DATE May 17, 2013 # OF STUDENTS 25 ADULTS 5
 DESTINATION Socora (Troy Recycling Center)
 ADDRESS 995 Hwy Troy
 No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES
 EDUCATIONAL PURPOSE To Enhance our learning on our IB Unit on Sharing the Planet
 EXACT TYPE OF TRANSPORTATION PLANNED Troy School Bus
 OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY NONE

Depart school 9:30 a.m. Depart destination 10:45 a.m.
 Arrive destination 9:45 a.m. Arrive school 11:00 a.m.

Students' supervision during trip by 2 X M. Woodman
 Number of trips your group has made this year 2 Troy Historical Museum + Telly's Greenhouse
 Where

APPLICANT'S SIGNATURE M. Woodman DATE 04-26-12
 (Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4/26/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
 AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
 NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
 TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
 ACCOUNT NUMBER 700-007-199-3930-00-5000

CENTRAL OFFICE APPROVAL _____ DATE _____
 TRANSPORTATION DEPT. COSTS 1 bus DATE 4/26/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s) and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: A WHALL 42 42
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: MORSE TO SOCORA

TEAM / GROUP 1A

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 54675 FUEL Beginning Level 34
Beginning 54660 Gallons Added 15
TOTAL: 15

START TIME: 9:20 10:20 - 11:20 TOTAL
RETURN TIME: 11:15 Hrs. 1 Min. 55

INSTRUCTIONS: Return 11:00

DRIVER COMMENTS

A Whall
DRIVER SIGNATURE DATE 5/16/13

COACH / TEACHER COMMENTS:

X [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

3/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 17

192 ✓

192

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL W. H. C. Elementary GRADE/GROUP 2nd

DAY Friday DATE 5/7/13 # OF STUDENTS 22 ADULTS 2

DESTINATION St. Ignace Church

ADDRESS No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Religious Education

EXACT TYPE OF TRANSPORTATION PLANNED Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY None

Depart school 9:30 a.m. / p.m. Depart destination 11:15 a.m. / p.m.

Arrive destination 1:15 a.m. / p.m. Arrive school 1:00 a.m. / p.m.

Students' supervision during trip by 2 X M. W...

Number of trips your group has made this year 1

Where St. Ignace Church

APPLICANT'S SIGNATURE [Signature] DATE 5/7/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 5/7/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER 700-007-199-3930-00-5000

CENTRAL OFFICE APPROVAL [Signature] DATE 5/7/13

TRANSPORTATION DEPT. COSTS 1 bus DATE 5/7/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Boulan Park Middle School			May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533893		533893			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Boulan to Troy Museum (Civil War Days)	2609-41210	May. 17, 2013	May. 17, 2013	<input type="checkbox"/> <input type="checkbox"/>	2.00	\$48.46	4.00	\$387.68

SUB TOTAL: \$387.68
AMOUNT PAID: \$0.00
AMOUNT DUE: \$387.68

760-053-299-3930-00-5000

Rasa

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$387.68
AMOUNT PAID:
 INVOICE NUMBER: 2609-002201
 CUSTOMER NUMBER: 533893
 EBRANCH NUMBER: 533893
 LOCATION CODE: 22609
 COMPANY NAME: Boulan Park Middle School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
 Supervisor (CP) 248-840-6993
 Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
 6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: T Hughes 17 17
 LOAD TIME: 8:45 / 2:00 REG BUS # TRIP BUS #
 FROM: BOULAN TO Troy MUSEUM
 TEAM / GROUP CIVIL WAR DAY SR
 TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 76709 FUEL Beginning Level F
 Beginning 76707 Gallons Added 0
 TOTAL: 2

START TIME: 8:45 / 1:45 5 MI. TOTAL Hrs. 0 Min. 25
 RETURN TIME: 9:10 / 2:10 - 89 50 MIN
 INSTRUCTIONS: Drop + RETURN

DRIVER COMMENTS _____

T. Hughes 5/17/13
 DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Sherry Maxwell

Andrey Wright 50 MIN
 SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
 Reg. Hrs. _____
 O.T. Hrs. _____
 Valid Meal Receipt _____
 Employee ID # _____
 TRIP # _____

Handwritten initials

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: M. O'Conner REG BUS # 44 TRIP BUS # 44

LOAD TIME: 8:45 / 12pm

FROM: BOULAN TO: TROY MUSEUM

TEAM / GROUP: 8th CIVIL WAR DAY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 55396 / ~~55412~~ Beginning 55387 / ~~55396~~ FUEL Beginning Level 7/8 Gallons Added 9/8
TOTAL: 9 / 6



START TIME: 8:35 / 1:45/50 TOTAL Hrs. 2 Min. 35/30
RETURN TIME: 9:10/50 / 2:15/50

INSTRUCTIONS: Drop - n - Return

DRIVER COMMENTS

Michael O'Conner 5-17-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Sherry Mapell

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 244/d ★ Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

Handwritten initials

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: M. O'Conner REG BUS # 44 TRIP BUS # 44

LOAD TIME: 2:00

FROM: TROY MUSEUM TO BOULAN

TEAM / GROUP CIVIL WAR DAY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 55412
Beginning 55396
TOTAL: 6

FUEL Beginning Level 2/8
Gallons Added 7/8

START TIME: 6:45
RETURN TIME: 2:15

TOTAL Hrs. 30 Min. 30

INSTRUCTIONS: RETURN

DRIVER COMMENTS

Mechael O'Conner
DRIVER SIGNATURE DATE 5-17-13

COACH / TEACHER COMMENTS:

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

244/4 [Signature]

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: C- Logan 125
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: BOULAN TO TROY MUSEUM

TEAM / GROUP CIVIL WAR DAY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 92313
Beginning 92308
TOTAL: _____

FUEL
Beginning Level 3/4
Gallons Added 3/4

START TIME: 8:30

RETURN TIME: 9:05 AM SB ✓

TOTAL
Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Chevy Logan 5-17-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

044/1



Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

0200
Del

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: A. Cowles REG BUS # _____ TRIP BUS # _____

LOAD TIME: 2:00

FROM: Troy MUSEUM TO BOULDER

TEAM / GROUP CIVIL WAR DAY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 79997 Beginning 79990 TOTAL: _____
FUEL Beginning Level _____ Gallons Added _____



START TIME: 1:45 RETURN TIME: 2:18 ✓
TOTAL Hrs. _____ Min. _____


INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

A. Cowles DRIVER SIGNATURE 5/17/13 DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 244/4  Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: A. Allen REG BUS # 116 TRIP BUS # 53

LOAD TIME: 8:45

FROM: BOULAN TO: TROY MUSEUM

TEAM / GROUP: SA CIVIL WAR DAYS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 104577
Beginning 104564
TOTAL: 13

FUEL Beginning Level Full
Gallons Added 0

START TIME: 8:35 AM

RETURN TIME: 9:02 AM ⁴⁵


TOTAL Hrs. _____ Min. _____


INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 5/17/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

244/1 [initials]

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: R. Gardner

REG BUS # 1 TRIP BUS #

LOAD TIME: 2:00

FROM: TROY MUSEUM TO BOULDER

TEAM / GROUP CIVIL WAR PAY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 104582
Beginning ~~79022~~ 104577
TOTAL: 5

FUEL
Beginning Level 1/2
Gallons Added _____

START TIME: 1:45

TOTAL

RETURN TIME: 2:25

Hrs. _____ Min. 40

INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

Rick Gardner
DRIVER SIGNATURE

5-17-13
DATE

COACH / TEACHER COMMENTS: _____

Andrew Wright
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

2:11
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

244/4

⊕

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Bowdon Park Middle School GRADE/GROUP 8
DAY Friday DATE May 17, 2013 # OF STUDENTS 220 ADULTS 24
DESTINATION Troy Historical Museum
ADDRESS _____
No. _____ Street _____ City _____

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED YOU THE PERMISSION: yes

EDUCATIONAL PURPOSE Civil War Day

EXACT TYPE OF TRANSPORTATION PLANNED: Troy school buses

OTHER EQUIPMENT TO BE TRANSPORTED (IF ANY): None

Depart school 9:45 a.m. Depart destination 2:00 p.m.

Arrive destination 8:55 a.m. Arrive school 2:10 p.m.

Students' supervision during trip by: parent chaperones / Teachers

Number of trips your group has made this year: 1

Where: Washington D.C. - just all 8th graders

APPLICANT'S SIGNATURE [Signature] DATE 3/8/13
(Signature guarantees responsibility for this charges)

PRINCIPAL'S APPROVAL [Signature] DATE 3-8-13

MIDDLE SCHOOL AND HIGH SCHOOL SUBSTITUTES NEEDED. PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S): _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 4 buses D+R DATE 3/10/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received at Central Office at least THREE WEEKS in advance to insure bus scheduling.
- Upon Central Office approval, five copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation is not scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, you will contact Substitute Office with change.
- Weekday trips will be scheduled to depart before 8 a.m. or after 4 p.m.
- Applicant is responsible for providing arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consistency with the district's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Smith Middle School			May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533901		533901			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Smith to Troy Museum (Civil War Days)	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	2.00	\$48.46	5.00	\$484.60

SUB TOTAL: \$484.60
AMOUNT PAID: \$0.00
AMOUNT DUE: \$484.60

700-506-699-6671-00-5000

Adam

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$484.60
AMOUNT PAID:
 INVOICE NUMBER: 2609-002202
 CUSTOMER NUMBER: 533901
 EBRANCH NUMBER: 533901
 LOCATION CODE: 22609
 COMPANY NAME: Smith Middle School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: J. Capish REG BUS # 12 TRIP BUS # 12

LOAD TIME: 8:45

FROM: SMITH TO Troy Museum

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 31508
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added 0

START TIME: ~~8:00~~ 8:30

RETURN TIME: 9:05


TOTAL
Hrs. _____ Min. 35

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

J. Capish
DRIVER SIGNATURE DATE 5.16.13

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

221/5 *

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

58 ✓
1700
242

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: M. Debanesh

REG BUS # _____ TRIP BUS # _____

LOAD TIME: 1:45

FROM: Troy MUSEUM TO SMITH

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87231
Beginning 87222
TOTAL: 8

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 1:30

RETURN TIME: 2:10

TOTAL
Hrs. 2 Min. 40

INSTRUCTIONS: Return!

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/16/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

281/5 ☆

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

67

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: C Logan 125 68
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: SMITH TO TRAY MUSEUM

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87224 Beginning 87219 FUEL Beginning Level full Gallons Added _____
TOTAL: _____

START TIME: 830 RETURN TIME: 925 TOTAL Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Cheef Logan 5-16-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 5-16-13

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 28/5 ★ Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

42 ✓
200
D+P

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: A Cowles

REG BUS # _____ TRIP BUS # _____

LOAD TIME: 1:45

FROM: Troy Museum TO SMITH

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 79939
Beginning 79932
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 1:40 PM

TOTAL

RETURN TIME: 2:15 PM

Hrs. _____ Min. _____

INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

A Cowles
DRIVER SIGNATURE

5/16/13
DATE

COACH / TEACHER COMMENTS: _____

Sherry Rexen

2:09 (205)

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

381/5 ★

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

58 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: T. Hughes REG BUS # 17 TRIP BUS # 17

LOAD TIME: 8:45

FROM: SMITH TO TROY MUSEUM

TEAM / GROUP CIVIL WAR DAYS

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 76,606
Beginning 76,602
TOTAL: 4

FUEL
Beginning Level F
Gallons Added 0

START TIME: 8:30

RETURN TIME: 9:15


TOTAL
Hrs. 0 Min. 45


INSTRUCTIONS: Drop RET

DRIVER COMMENTS

T. Hughes DRIVER SIGNATURE 5/16/13 DATE

COACH / TEACHER COMMENTS:


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

28/15



Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

75 ✓

7.00
DFA

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: T. Hughes 17 17
REG BUS # TRIP BUS #

LOAD TIME: 1:45

FROM: Troy Museum TO SMITH

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 76,645 Beginning 76,642 TOTAL: 3
FUEL Beginning Level F Gallons Added 0

START TIME: 1:30 RETURN TIME: 1:52 TOTAL Hrs. 0 Min. 22

INSTRUCTIONS: RETURN

DRIVER COMMENTS

T. Hughes 3/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 28/15 ★ Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: A. Whall 72 42
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: SMITH TO TROY MUSEUM

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 54640
Beginning 54656
TOTAL: 4

FUEL Beginning Level 3/4
Gallons Added 3/4

START TIME: 8:40
RETURN TIME: 9:20


TOTAL Hrs. 40 Min. 40


INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 5/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

5/16/13



Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

65
200

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: R. Coarones REG BUS # 53 TRIP BUS # 53

LOAD TIME: 1:45

FROM: TROY MUSEUM TO SMITH

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 104554
Beginning 104548
TOTAL: 6

FUEL Beginning Level 1/2 3/4
Gallons Added _____

START TIME: 1:35

RETURN TIME: 2:20

TOTAL Hrs. _____ Min. 45

INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

Rick Gardner
DRIVER SIGNATURE DATE 5-16-13

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

28/6 ★

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

75 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Supervisor (CP) 248-840-6993

Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box

6293

12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: J Zalesny REG BUS # 16 TRIP BUS # 16

LOAD TIME: 8:45

FROM: SMITH TO Troy MUSEUM

TEAM / GROUP Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 77443 Beginning 77436 TOTAL: 7
FUEL Beginning Level _____ Gallons Added _____

START TIME: 8:30 RETURN TIME: 9:30 TOTAL Hrs. 1 Min. 5

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] DRIVER SIGNATURE DATE 5-16-13

COACH / TEACHER COMMENTS: _____

➔ SIGNATURE OF COACH OR TEACHER RESPONSIBLE **➔** TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 381/5 ★ Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

100 ✓
200
D.H.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: D. Blaiskello REG BUS # 10 TRIP BUS # 10

LOAD TIME: 1:45

FROM: Troy Museum TO SMITH

TEAM / GROUP: Civil War Days

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 99011
Beginning 99008
TOTAL: 3

FUEL Beginning Level 34
Gallons Added 0

START TIME: 1:30

RETURN TIME: 1:55

TOTAL Hrs. 0 Min. 25

INSTRUCTIONS: RETURN

DRIVER COMMENTS

[Signature] DRIVER SIGNATURE 5/16/13 DATE

COACH / TEACHER COMMENTS:

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

281/5



Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

242

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL _____ GRADE/GROUP _____

DAY _____ DATE _____ # OF STUDENTS _____ ADULTS _____

DESTINATION _____

ADDRESS _____
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION _____

EDUCATIONAL PURPOSE _____

EXACT TYPE OF TRANSPORTATION PLANNED _____

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school _____ a.m. p.m. Depart destination _____ 1:45 a.m. p.m.

Arrive destination _____ a.m. p.m. Arrive school _____ 2:00 a.m. p.m.

Students' supervision during trip by _____

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE _____ DATE _____
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE 2/8/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER 700 506 6996 67100

CENTRAL OFFICE APPROVAL _____ DATE 2/11/13

TRANSPORTATION DEPT. COSTS 5 buses DATE 2/11/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Baker Middle School			May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Troy School District 4400 Livernois Troy, MI 48098				533892			533892		
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Baker to Troy Museum (Civil War Days)	2609-41210	May. 13, 2013	May. 13, 2013	<input type="checkbox"/>	2.00	\$48.46	3.00	\$290.76

SUB TOTAL: \$290.76
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$290.76

700-050-299-6673-00-5000

[Signature]

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$290.76

AMOUNT PAID:

INVOICE NUMBER: 2609-002203

CUSTOMER NUMBER: 533892

EBRANCH NUMBER: 533892

LOCATION CODE: 22609

COMPANY NAME: Baker Middle School

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: Jim Zalesny REG BUS # 61 TRIP BUS # 61

LOAD TIME: 8:30

FROM: BAKER TO TROY MUSEUM

TEAM / GROUP 8th gr

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 27009
Beginning 87005
TOTAL: 4

FUEL
Beginning Level Full
Gallons Added

START TIME: 8:30

RETURN TIME: 9:10 ⁰⁶⁷

TOTAL
Hrs. Min. 40

INSTRUCTIONS: Drop

DRIVER COMMENTS

Jim Zalesny DRIVER SIGNATURE DATE 5-13-13

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

237/3 ~~X~~

Reg. Hrs.
O.T. Hrs.
Valid Meal Receipt
Employee ID #

TRIP #

200
107

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: A Cowles

REG BUS # _____
TRIP BUS # 15

LOAD TIME: 2:00

FROM: Troy Museum TO BAKER

TEAM / GROUP 8th gr

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 79733
Beginning 79731
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 1:45

TOTAL

RETURN TIME: 2:15

Hrs. _____ Min. _____

INSTRUCTIONS: Return

DRIVER COMMENTS _____

A Cowles
DRIVER SIGNATURE

5/13/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

2:12

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

237/3



Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: C Logan

125 125
REG BUS # TRIP BUS #

LOAD TIME: 8:30

FROM: BAKER TO TROY MUSEUM

TEAM / GROUP 8th R

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level full
Gallons Added _____

START TIME: 8:30 AM

TOTAL

RETURN TIME: 9:15 AM

Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C Logan 5-13-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

237/3

*

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

2.00
HR

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: T. Hughes 17 17
REG BUS # TRIP BUS #

LOAD TIME: 2:00

FROM: Troy MUSEUM TO BAKER

TEAM / GROUP 8th g

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 76388 Beginning 76384 TOTAL: 4
FUEL Beginning Level 3/4 Gallons Added 0

START TIME: 1:45 TOTAL Hrs. 0 Min. 27
RETURN TIME: 2:13 47

INSTRUCTIONS: RETURN

DRIVER COMMENTS

T. Hughes 5/13/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
237/3 * Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: J. Ladish REG BUS # _____ TRIP BUS # _____

LOAD TIME: 8:30

FROM: BAKER TO TROY MUSEUM

TEAM / GROUP 8th gr

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 98870
Beginning 98867
TOTAL: 3

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 8:30

RETURN TIME: 9:15

TOTAL
Hrs. _____ Min. 45

INSTRUCTIONS: Drop &

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

237/3

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

200

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: D Weishaupt REG BUS # 61 TRIP BUS # 513

LOAD TIME: 2:00

FROM: Troy Museum TO BAKER

TEAM / GROUP 8th g

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87012 Beginning 87009 TOTAL: _____
FUEL Beginning Level Full Gallons Added 0


START TIME: 1:45 TOTAL Hrs. _____ Min. _____
RETURN TIME: 2:15


INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

D Weishaupt DRIVER SIGNATURE 5-13-13 DATE

COACH / TEACHER COMMENTS: _____

 Gay J. Mason
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 237/3 * Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Baker M.S. GRADE/GROUP 8th grade
DAY Monday DATE May 13 2013 # OF STUDENTS 225 ADULTS 12
DESTINATION Troy Historical Museum
ADDRESS 60 W. Wakes Troy, Mich. 75 79

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
EDUCATIONAL PURPOSE Hands On Living History

EXACT TYPE OF TRANSPORTATION PLANNED Bus - 3 Busses
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY lunches

Depart school 8:30 a.m. Depart destination 1:55 p.m.
Arrive destination 8:50 a.m. Arrive school 2:15 p.m.

Students' supervision during trip by 8th grade teachers
Number of trips your group has made this year 0

Where
APPLICANT'S SIGNATURE Mary L. Mason DATE 3/7/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL DATE

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S)
TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE
ACCOUNT NUMBER

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS 3 busses DATE 3/11/13

- IMPORTANT INSTRUCTIONS:
1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$327.10	2609-002204

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens High School		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Photography Class to Kensington Metro Park	2609-41210	May. 16, 2013	May. 16, 2013		6.75	\$48.46	1.00	\$327.10

SUB TOTAL: \$327.10
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$327.10

Q Mac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$327.10
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002204
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: M CARPENTER 25 112
REG BUS # TRIP BUS #

LOAD TIME: 7:30

FROM: ATHENS TO KENSINGTON METROPARK

TEAM / GROUP 9:12 photography class

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 150564 Beginning ~~87229~~ 150462 FUEL Beginning Level Full Gallons Added 24
TOTAL: 102

START TIME: 7:00 RETURN TIME: 2:00 TOTAL Hrs. 7 Min. -

INSTRUCTIONS: RETURN 1:45 P.M.

DRIVER COMMENTS WENT FROM TRIP TO Route

M. Carpenter 5-16-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
25/1 Reg. Hrs. _____ O.T. Hrs. _____
Valid Meal Receipt _____ Employee ID # _____
TRIP # 12

700 ✓
675

TROY SCHOOL DISTRICT

FORM B

APPLICATION FOR APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP IN EXCESS OF 100 MILES ONE WAY OR IF USING CHARTER OR PRIVATE TRANSPORTATION

SCHOOL Athens High School GRADE/GROUP 9-12 Photography Class
DAY Thursday DATE May 16TH # OF STUDENTS 24 # OF ADULTS 1
DESTINATION Kensington Metropark
ADDRESS 2240 W Bruno Rd Milford Township MI 48380

HAS YOUR HOST GRANTED TENTATIVE PERMISSION? Yes

EDUCATIONAL PURPOSE Yes - Photograph nature and farm animals

EXACT TYPE OF TRANSPORTATION PLANNED Bus (paid by Fine Arts Department)

NAME OF CHARTER OR PRIVATE COMPANY N/A

IF CHARTER OR PRIVATE TRANSPORTATION COMPANY IS USED, REGARDLESS OF NUMBER OF MILES EACH WAY, A CERTIFICATE OF INSURANCE WITH THE TROY SCHOOL DISTRICT NAMED AS CERTIFICATE HOLDER MUST ACCOMPANY THIS FORM.

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY N/A

Depart school 7:30 a.m. Depart destination 12:45 p.m.

Arrive destination 8:30 a.m. Arrive school 1:45 p.m.

PLANS FOR SUPERVISION OF STUDENTS DURING ACTIVITY/TRIP Students will remain in one large group as we travel through park with teacher supervision

DESCRIBE MEANS OF FINANCING TRIP NO COST Fine Arts

TEACHER'S SIGNATURE Luba Sordyl DATE 4/19/13

PRINCIPAL'S APPROVAL [Signature] DATE 4/19/13

SUBSTITUTE IS NEEDED SUBSTITUTE IS NOT NEEDED

IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING:

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Luba Sordyl

NAME OF REQUESTED SUBSTITUTE Debbie Kijek ~~per Melissa Kijek~~

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

IF TEACHER TRAVELS, LOCATION WHERE SUB SHOULD REPORT N/A

ACCOUNT NUMBER 101-071-221-0215-80 3110

PRELIMINARY CENTRAL OFFICE APPROVAL PENDING INSURANCE CLEARANCE _____ DATE _____

BUSINESS OFFICE INSURANCE APPROVAL _____ DATE _____

FINAL CENTRAL OFFICE APPROVAL _____ DATE _____

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT		INVOICE #	
2609		\$533.06		2609-002205	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE
Athens High School		May. 22, 2013	May. 22, 2013		N/A
				PAGE #	
				Page 1 of 1	

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533815	533815

COMMENTS

Branch Phone #: (248) 823-4054

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens 11 AP English to Emagine Theatre	2609-41210	May. 17, 2013	May. 17, 2013		2.00	\$48.46	3.00	\$290.76
2	Athens 11/12 grade to U of M Ann Arbor	2609-41210	May. 17, 2013	May. 17, 2013		5.00	\$48.46	1.00	\$242.30

SUB TOTAL: \$533.06
AMOUNT PAID: \$0.00
AMOUNT DUE: \$533.06

① 700-071-399-3201-00-5000

② 700-071-399-1037-00-5000

D. Arac
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
22157 Network Place
Chicago, IL 60673-1221
USA

AMOUNT DUE: \$533.06
AMOUNT PAID:
 INVOICE NUMBER: 2609-002205
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/12/13

DRIVER: D WEISHAAR slay 36/61
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: ATHENS TO EMAGINE THEATRE

TEAM / GROUP 11 AP ENG

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 62274 / 87254 Beginning Level 3/4 / Full
Beginning 62259 / 87265 Gallons Added 0 / 0
TOTAL: _____

START TIME: 9:15 / 12:35 TOTAL
RETURN TIME: 10:15 / 1:35 Hrs. _____ Min. _____

INSTRUCTIONS: Drop RETURN @ 1:00 TO LOAD

DRIVER COMMENTS _____

D Weishaar 5-17-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

130/3

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 22

2.00

2.00

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: J LAPISH 12
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: ATHENS TO EMAGINE THEATRE

TEAM / GROUP 11 AP ENG

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 591 FUEL
Beginning 31580 Beginning Level [scribble]
TOTAL: 606 (22) Gallons Added [scribble]

START TIME: 9:15 | 12:35 TOTAL
RETURN TIME: 10:15 | 11:35 Hrs. [scribble] Min. 2.0

INSTRUCTIONS: Drop RETURN @ 1:00 TO LOAD

DRIVER COMMENTS _____

[Signature] 5.17.13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 _____ 

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 21

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/12/18

DRIVER: M O'HANISH 3/6/1
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: ATHENS TO EMAGINE THEATRE

TEAM / GROUP 11 ENG

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____
FUEL Beginning Level _____ Gallons Added _____
TOTAL: _____

START TIME: 9:30 TOTAL
RETURN TIME: 10:30 1:00 Hrs. 1 Min. _____

INSTRUCTIONS: DROP RETURN @ 1:00 TO LOAF

DRIVER COMMENTS _____

DRIVER SIGNATURE _____ DATE _____

COACH / TEACHER COMMENTS: _____

➔ _____ **➔** _____
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
130/3 Reg. Hrs. _____
O.T. Hrs. _____
BONUS Valid Meal Receipt _____
Employee ID # _____
TRIP # 23

100 ✓

*7:00
OK*

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: D. Willis

LOAD TIME: 1:00 REG BUS # _____ TRIP BUS # _____

FROM: Imagine Theatre TO Athens

TEAM / GROUP Return

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____ TOTAL: _____
FUEL Beginning Level _____ Gallons Added _____

START TIME: 12:30 TOTAL Hrs. 1 Min. _____
RETURN TIME: 1:30

INSTRUCTIONS: _____

DRIVER COMMENTS _____

[Signature] 5-17-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

1.00 ✓

700-071-399-3201-00-5000 TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Athens High School GRADE/GROUP 11 AP English
DAY Friday DATE May 17, 2013 # OF STUDENTS est. 127 ADULTS 4
DESTINATION Imagine Theater - Rochester Hills
ADDRESS 200 Barclay Cir. Rochester Hills, MI 48307

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE Evaluation of film adaptation as compared to text

EXACT TYPE OF TRANSPORTATION PLANNED Bus transportation to text read in class

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY

Depart school 9:30 a.m. Depart destination 1:00 a.m.
Arrive destination 9:45 a.m. Arrive school 1:15 a.m.

Students' supervision during trip by Hannah Nagi, Dan Mills, Adam Burns, Danielle Smit
Number of trips your group has made this year None

Where

APPLICANT'S SIGNATURE Hannah Nagi DATE 4/25/13

PRINCIPAL'S APPROVAL DATE

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

1/2 Day (PM)

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Hannah Nagi - Dan Mills - Adam Burns - Danielle Smit
TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE
ACCOUNT NUMBER 101 071 221 6215 80 3110

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS 3 buses D+R DATE 4/25/13

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: S CHRONOWSKI 6 6
REG BUS # TRIP BUS #

LOAD TIME: 9:00

FROM: ATHENS TO U OF MI - ANN ARBOR

TEAM / GROUP 11/12 gr

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 86828 Beginning 86698 TOTAL: 130
FUEL Beginning Level _____ Gallons Added _____

START TIME: 9:00 RETURN TIME: 2:00 TOTAL Hrs. 5 Min. _____

INSTRUCTIONS: RETURN 2:00

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE 5-17-13

COACH / TEACHER COMMENTS: _____

[Signature] 2:04
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 19

5.00 ✓
5.00

700-071-399-7037-00-5800 TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Athens GRADE/GROUP 11th/12th
DAY May 17th FRIDAY DATE # OF STUDENTS 21 ADULTS 2
DESTINATION University of Michigan - DANA Building
ADDRESS Ann Arbor City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE Natural Science tour / environmental LEED certified bldg.
EXACT TYPE OF TRANSPORTATION PLANNED School Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY
Depart school 9 a.m. Depart destination 12:50 a.m.
Arrive destination 9:55 a.m. Arrive school 2:00 p.m.

Students' supervision during trip by D. Fakhouri
Number of trips your group has made this year 0

Where
APPLICANT'S SIGNATURE Deanna Fakhouri DATE 4/18/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL DATE

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE X
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Deanna Fakhouri
TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE
ACCOUNT NUMBER 101-071-221-0215-80 3110

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/2/13

- IMPORTANT INSTRUCTIONS:
1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$111.46	2609-002206

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Bemis/Costello/Bemis Special ED		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533874	533874
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Bemis/Costello/Wass MICI K-5 to Troy Lanes	2609-41210	May. 15, 2013	May. 15, 2013		2.30	\$48.46	1.00	\$111.46

SUB TOTAL: \$111.46
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$111.46

122-885-271-3941-00-4230

D. Mar

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$111.46
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002206
 CUSTOMER NUMBER: 533874
 EBRANCH NUMBER: 533874
 LOCATION CODE: 22609
 COMPANY NAME: Bemis/Costello/Bemis Special
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5-15-13

DRIVER: D Weishaar 513 61
REG BUS # TRIP BUS #

LOAD TIME: TRD 1:15

FROM: Troy Lanes TO Wass-castello-Bemis

TEAM / GROUP 2

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 89191 Beginning 87178
FUEL Beginning Level over 1/2 Gallons Added _____
TOTAL: _____

START TIME: 1:00 TOTAL Hrs. _____ Min. _____
RETURN TIME: 2:00

INSTRUCTIONS: Return

DRIVER COMMENTS _____

D Weishaar 5-15-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

D Weishaar

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: (49)
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____ + 1.20
Employee ID # _____
TRIP # 2.30

1.10 ✓
Return
2.30

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

R CLEVELAND

DRIVER: ~~L VANDERZYPPE~~

129
127
REG BUS #

14
TRIP BUS #

LOAD TIME: 9:30

FROM: BEMIS² COSTELLO³ WASS TO TROY LANES UN ROCH. & JOHN R SQUARE LAKE BTWN

TEAM / GROUP MiCi K-5

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 9:15 am

RETURN TIME: 10:27 am

TOTAL
Hrs. 1 Min. 12

INSTRUCTIONS: 1 bus reload @ 1:30
D+R

DRIVER COMMENTS _____

[Signature]

DRIVER SIGNATURE

5.15.13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE



TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

49/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

1.20 ✓

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Bemis, Costello, Wass GRADE/GROUP MICI K-5
DAY wed DATE May 15th # OF STUDENTS 32 ADULTS 17
DESTINATION Troy Lakes
ADDRESS 1950 E. Square Lake Troy
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE End of the year celebration

EXACT TYPE OF TRANSPORTATION PLANNED Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY none

Drop off and pick up

Depart school 9:30 a.m. p.m. Depart destination 1:30 a.m. p.m.

Arrive destination 10:30 a.m. p.m. Arrive school 2:30 a.m. p.m.

Students' supervision during trip by Teachers

Number of trips your group has made this year 1

Where Detroit Zoo

APPLICANT'S SIGNATURE Patricia St. Clair DATE 4.29.13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4.30.13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT COSTS 1 bus \$12 DATE 5/7/13

IMPORTANT INSTRUCTIONS: Change Request # 122-885-271-3941-00-4230

- All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$274.77	2609-002207

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy School District		May 22, 2013	May 22, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	477840	477840
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Center to Comerica Park	2609-41210	May. 15, 2013	May. 15, 2013		5.67	\$48.46	1.00	\$274.77

SUB TOTAL: \$274.77
AMOUNT PAID: \$0.00
AMOUNT DUE: \$274.77

122-883-271-2310-00-4230

R. Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$274.77
AMOUNT PAID:
 INVOICE NUMBER: 2609-002207
 CUSTOMER NUMBER: 477840
 EBRANCH NUMBER: 477840
 LOCATION CODE: 22609
 COMPANY NAME: Troy School District
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: M HERSBACK 118 10
REG BUS # TRIP BUS #

LOAD TIME: 11:30

FROM: TROY CENTER TO COMERICA PARK

TEAM / GROUP _____

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 77430 Beginning 77380 TOTAL: 50
FUEL Beginning Level _____ Gallons Added _____

START TIME: 11:05 RETURN TIME: 4:55 TOTAL Hrs. 5 Min. 55

INSTRUCTIONS: RETURN 4:30

DRIVER COMMENTS _____

M HERSBACK 5/15/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 4:25
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 35/1 Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

583V
5.67

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy Center GRADE/GROUP 14
DAY Wednesday DATE 5-15-13 # OF STUDENTS 25 ADULTS 10
DESTINATION Comerica Park
ADDRESS 2100 Woodward Avenue City Detroit

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
EDUCATIONAL PURPOSE Community participation, mobility, safety, money man.

EXACT TYPE OF TRANSPORTATION PLANNED school bus
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY none

Depart school 11:30 ^{a.m.}/_{p.m.} Depart destination 4:00 ^{a.m.}/_{p.m.}
Arrive destination 13:00 ^{a.m.}/_{p.m.} Arrive school 4:30 ^{a.m.}/_{p.m.}

Students' supervision during trip by TCT staff (program assist, teachers)

Number of trips your group has made this year 1

Where Lifetown

APPLICANT'S SIGNATURE Lisa Depietre DATE 4-24-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 5/1/13

IMPORTANT INSTRUCTIONS: ACT # 122-883-271-2310-00-4230/30

- 1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
- 2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- 3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- 4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- 5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$197.71			2609-002208	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Baseball		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1
BILL TO:				CUSTOMER NUMBER	EBRANCH NUMBER	
Troy School District 4400 Livernois Troy, MI 48098				533815	533815	
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens FR Baseball to Clarkston Jr. High - Drop	2609-41210	May. 13, 2013	May. 13, 2013	<input type="checkbox"/>	1.42	\$48.46	1.00	\$68.81
2	Athens V Baseball to Lahser - Drop	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/>	1.33	\$48.46	1.00	\$64.45
3	Athens FR Baseball to Seaholm - Drop	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	1.33	\$48.46	1.00	\$64.45

SUB TOTAL: \$197.71
AMOUNT PAID: \$0.00
AMOUNT DUE: \$197.71

D. Dan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$197.71
AMOUNT PAID:
 INVOICE NUMBER: 2609-002208
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Baseball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: D. Weishaar
~~For Dennis~~

W1 REG BUS # 5/3 TRIP BUS #

LOAD TIME: 3:00

FROM: ATHENS TO CLARKSTON JR. HIGH

TEAM / GROUP FR. B BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87069
Beginning 87022
TOTAL: _____

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 2:50

TOTAL

RETURN TIME: 4:15


Hrs. _____ Min. _____


INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Dennis Weishaar 5-13-13-
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 [Signature]

 _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

1.42

1.42

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: ~~C. Ulfre~~ M. DOHAMISH s/ky 18
REG BUS # TRIP BUS #

LOAD TIME: 2:50

FROM: ATHENS TO LAHSER HS

TEAM / GROUP ✓ BASEBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ FUEL
Beginning 74598 Beginning Level _____
Gallons Added _____
TOTAL: _____



START TIME: 2:35 pm TOTAL
RETURN TIME: 3:55 M. DOHAMISH Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

DRIVER SIGNATURE _____ DATE _____

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1.33 ✓
1.33

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: M. DONALDSON
D. Weesthawl 5/bv 61
REG BUS # TRIP BUS #

LOAD TIME: 3:15

FROM: ATHENS TO SEAHOLM

TEAM / GROUP FR BASEBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87254
Beginning 87231
TOTAL: 23

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00

TOTAL

RETURN TIME: 4:20

Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/16/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

1.33 ✓

1.33



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$375.56	2609-002209

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS LaCrosse		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098		533815	533815
COMMENTS			
Branch Phone #: (248) 823-4054			

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Boys V LaCrosse to Saline - Drop	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/> <input type="checkbox"/>	3.83	\$48.46	1.00	\$185.60
2	Athens Boys JV LaCrosse to Saline - Drop	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/> <input type="checkbox"/>	3.92	\$48.46	1.00	\$189.96

SUB TOTAL: \$375.56
AMOUNT PAID: \$0.00
AMOUNT DUE: \$375.56

D. Mason
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$375.56
AMOUNT PAID:
 INVOICE NUMBER: 2609-002209
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS LaCrosse
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: M SPATES 58 58
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: ATHENS TO SALINE H.S.

TEAM / GROUP Boys ✓ LACROSSE

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 123 587 Beginning 123 468 TOTAL: 119
528
FUEL Beginning Level 3/4 Gallons Added 24 gals

START TIME: 4:00 pm RETURN TIME: 7:50
TOTAL Hrs. 3 Min. 50

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Muanda Spate 5/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # 18A

383 ✓

383

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: D WEISHAAR SRB 5
REG BUS # TRIP BUS #

LOAD TIME: 3:30

FROM: ATHENS TO SALINE H.S.

TEAM / GROUP Boys JV LACROSSE

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82806 Beginning 82684 FUEL Beginning Level Full Gallons Added 0
TOTAL: _____

START TIME: 3:00 TOTAL Hrs. 3 Min. 55
RETURN TIME: 6:55

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

D. Weishaar DRIVER SIGNATURE 5-16-13 DATE

COACH / TEACHER COMMENTS: _____

[Signature] SIGNATURE OF COACH OR TEACHER RESPONSIBLE [Signature] TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

Boys *

392

392



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$60.58	2609-002210

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Soccer		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533815	533815
	COMMENTS Branch Phone #: (248) 823-4054	

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Girls JV/V Soccer to Rochester Adams - Drop	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/>	1.25	\$48.46	1.00	\$60.58

SUB TOTAL: \$60.58
AMOUNT PAID: \$0.00
AMOUNT DUE: \$60.58

[Signature]

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$60.58
AMOUNT PAID:
 INVOICE NUMBER: 2609-002210
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: J. LAPISSE REG BUS # 12 TRIP BUS # 12

LOAD TIME: 4:00

FROM: ATHENS TO ROCHESTER ADAMS

TEAM / GROUP GIRLS JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 31432
Beginning 31408
TOTAL: _____

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 4:00
RETURN TIME: 5:15


TOTAL
Hrs. 1 Min. 15

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

125 ✓
105 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$129.39	2609-002211

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Softball		May 22, 2013	May 22, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533815	533815
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens FR Softball to Troy - Drop	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/>	0.50	\$48.46	1.00	\$24.23
2	Athens FR Softball to Berkley - Drop	2609-41210	May. 17, 2013	May. 17, 2013	<input type="checkbox"/>	2.17	\$48.46	1.00	\$105.16

SUB TOTAL: \$129.39
AMOUNT PAID: \$0.00
AMOUNT DUE: \$129.39

D. Asar

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$129.39

AMOUNT PAID:

INVOICE NUMBER: 2609-002211
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Softball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: N. Willis REG BUS # 5 TRIP BUS # 5

LOAD TIME: 3:15

FROM: ATHENS TO TROY HIGH

TEAM / GROUP FR SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82541 Beginning 82533 TOTAL: 8
FUEL Beginning Level _____ Gallons Added _____

START TIME: 3:00 RETURN TIME: 3:30 TOTAL Hrs. _____ Min. 30

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

N. Willis DRIVER SIGNATURE DATE 5-14-13

COACH / TEACHER COMMENTS: _____

NO COACH OR TEACHER

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

50 ✓
50 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: D. Blausdell REG BUS # 10 TRIP BUS # 10

LOAD TIME: 3:15

FROM: ATHENS TO BERKLEY

TEAM / GROUP GIRLS FR SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 99108
Beginning 99085
TOTAL: 23

FUEL Beginning Level 1/2
Gallons Added 0

START TIME: 3:00

TOTAL

RETURN TIME: 5:10

Hrs. 2 Min. 10

INSTRUCTIONS: at MERCHANTS FIELD (map) prog

DRIVER COMMENTS ROAD CONSTRUCTION DELAYS. DROP MAP LOCATION WRONG

[Signature]
DRIVER SIGNATURE

5/17/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

★ Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

217
217



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$581.52	2609-002212

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Tennis		May 22, 2013	May 22, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533815	533815
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens V Tennis to Elsworth Park - Stay	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	12.00	\$48.46	1.00	\$581.52

SUB TOTAL: \$581.52
AMOUNT PAID: \$0.00
AMOUNT DUE: \$581.52

Dasar

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$581.52

AMOUNT PAID:

INVOICE NUMBER: 2609-002212
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Tennis
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: T RECCHIA 24 24
REG BUS # TRIP BUS #

LOAD TIME: 7:00 AM

FROM: ATHENS TO ELSWORTHY PARK - GROSSE PT E.

TEAM / GROUP ✓ TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 88887 Beginning 88811 TOTAL: 76
FUEL Beginning Level Full Gallons Added _____

START TIME: 6:30 RETURN TIME: 6:45 TOTAL Hrs. 12 Min. 15

INSTRUCTIONS: STAY 4:00-4:30 RETURN

DRIVER COMMENTS _____

Tony Recchia 5/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Thanks for staying with us all day!

Andrew Shupp 6:30 p.m.
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 11

(make)
1545-
5282

12.25 ✓

1200



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$377.02	2609-002213

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Track		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098		533815	533815
COMMENTS			
Branch Phone #: (248) 823-4054			

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Track to Troy High - Drop	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/>	0.50	\$48.46	1.00	\$24.23
2	Athens Track to Warren Mott 2 Buses 1-Drop, 1-Stay	2609-41210	May. 17, 2013	May. 17, 2013	<input type="checkbox"/>	3.64	\$48.46	2.00	\$352.79

SUB TOTAL: \$377.02
AMOUNT PAID: \$0.00
AMOUNT DUE: \$377.02

Dasar

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$377.02

AMOUNT PAID:

INVOICE NUMBER: 2609-002213
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Track
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: D. Williams 51B W1
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: ATHENS TO TROY HIGH

TEAM / GROUP TRACK BOYS + JV RELAYS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87199 Beginning 88191
FUEL Beginning Level 1/2 Gallons Added 50
TOTAL: _____

START TIME: 2:50 2:45 TOTAL
RETURN TIME: _____ Hrs. _____ Min. _____
3:15

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

D. Williams 5-15-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: G McGough 106 106
REG BUS # TRIP BUS #

LOAD TIME: ~~2:00~~ 2:30

FROM: ATHENS TO WARREN MOTT

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 117
Beginning 154097
TOTAL: 20

FUEL
Beginning Level _____
Gallons Added _____

START TIME: .426

RETURN TIME: 1042

TOTAL
Hrs. _____ Min. _____

INSTRUCTIONS: d/c STAY

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5-17-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

10:30 pm
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 25

6-27 ✓
6-27

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Supervisor (CP) 248-840-6993

Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box

6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: M DOHANISH

REG BUS #

TRIP BUS #

LOAD TIME: 2:30

FROM: ATHENS TO WARREN MOTT

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

FUEL

MILEAGE: Ending _____

Beginning Level _____

Beginning _____

Gallons Added _____

TOTAL: _____

START TIME: 2:15

TOTAL

RETURN TIME: 3:15

Hrs. 1 Min. ✓

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Handwritten Signature]

DRIVER SIGNATURE

5/17/13

DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

[Handwritten mark]

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

[Handwritten notes: 1.00 ✓, 1.00 ✓]



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$125.02	2609-002214

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Baseball		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy JV/V Baseball to Athens - Drop	2609-41210	May. 13, 2013	May. 13, 2013		0.33	\$48.46	1.00	\$15.99
2	Troy FR Baseball to Athens - Drop	2609-41210	May. 14, 2013	May. 14, 2013		0.75	\$48.46	1.00	\$36.34
3	Troy V Baseball to Athens - Drop	2609-41210	May. 16, 2013	May. 16, 2013		0.50	\$48.46	1.00	\$24.23
4	Troy FR Baseball to Stoney Creek - Drop	2609-41210	May. 17, 2013	May. 17, 2013		1.00	\$48.46	1.00	\$48.46

SUB TOTAL: \$125.02
AMOUNT PAID: \$0.00
AMOUNT DUE: \$125.02

(Signature)
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$125.02
AMOUNT PAID:
 INVOICE NUMBER: 2609-002214
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Baseball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/13/13

DRIVER: D. Weishaar
F. Dennis 121 513
REG BUS # TRIP BUS #

LOAD TIME: 2:45

FROM: TROY HIGH TO ATHENS

TEAM / GROUP JV/V B'BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87022 FUEL Beginning Level Full
Beginning 8015 Gallons Added 0
TOTAL: 87012

START TIME: 2:15 TOTAL
RETURN TIME: 2:50 Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Dennis Weishaar 5-13-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

58
93

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: DESPINA S/B 2
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: TROY HIGH TO ATHENS

TEAM / GROUP FR B'BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 84367
TOTAL: _____

FUEL
Beginning Level 3/4
Gallons Added 36

START TIME: 2:45

TOTAL

RETURN TIME: 15:30

Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Despina 5-14-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: 0

▶ ▶
▶ ▶

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

* Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: C Parker REG BUS # 39 TRIP BUS # 39

LOAD TIME: 3:00

FROM: Troy TO ANDOVER

TEAM / GROUP JV BASEBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 58741
Beginning 58730
TOTAL: 11

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00

RETURN TIME: 4:20

TOTAL
Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C Parker
DRIVER SIGNATURE

5-15-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

Rt Time

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: D Weishan 3/62 5
REG BUS # TRIP BUS #

LOAD TIME: 2:45

FROM: TROY TO ATHENS

TEAM / GROUP V BASEBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82683
Beginning _____
TOTAL: _____

FUEL Beginning Level Full
Gallons Added 4.6

START TIME: 2:30 TOTAL
RETURN TIME: 3:00 Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Desspina Khan 5-16-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

50 ✓
25 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: J. Zalesny REG BUS # _____ TRIP BUS # 16

LOAD TIME: 3:00

FROM: Troy TO STONEY CREEK H.S.

TEAM / GROUP FR. B-BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____
FUEL Beginning Level _____ Gallons Added _____
TOTAL: _____



START TIME: 3:00 TOTAL Hrs. 1 Min. 00
RETURN TIME: 4:00

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

DRIVER SIGNATURE _____ DATE _____

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 26

Handwritten notes:
✓
1.00
1.00



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$294.15			2609-002215	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS LaCrosse		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098				533809		533809
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Boys V LaCrosse to Seaholm - Drop	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/>	1.07	\$48.46	1.00	\$51.85
2	Troy Boys JV LaCrosse to Seaholm - Drop	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/>	0.84	\$48.46	1.00	\$40.71
3	Troy Boys JV LaCrosse to Farmington - Drop	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/>	2.00	\$48.46	1.00	\$96.92
4	Troy Boys V LaCrosse to Farmington - Drop	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/>	2.16	\$48.46	1.00	\$104.67

SUB TOTAL: \$294.15
AMOUNT PAID: \$0.00
AMOUNT DUE: \$294.15

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$294.15

AMOUNT PAID:

INVOICE NUMBER: 2609-002215

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS LaCrosse

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: L CROSTHWARTE 2 61
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: TROY TO SERHOLM

TEAM / GROUP Boys V LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87144
Beginning 87127
TOTAL: 17

FUEL 3
Beginning Level 4
Gallons Added ✓

START TIME: 4:05

RETURN TIME: 9:46

TOTAL
Hrs. 5 Min. 31

INSTRUCTIONS: o/c STAY

DRIVER COMMENTS

X [Signature] 5/14/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

X [Signature]

X 9:29

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 7

Park in 61 spot

5.52 ✓
wait - 4.45
travel - 1.07

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/14/13

DRIVER: C. Kiely 43 43
REG BUS # TRIP BUS #

LOAD TIME: 3:30 4:00

FROM: Troy TO SFAHOLM

TEAM / GROUP Boys JV LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 51520 FUEL Beginning Level _____
Beginning 51504 Gallons Added _____
TOTAL: 16

START TIME: 4:00 TOTAL Hrs. 3 Min. 30
RETURN TIME: 7:30

INSTRUCTIONS: spc SPAY

DRIVER COMMENTS _____

[Signature] 5-14
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 6

3,500
want 267
total - 84

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: M SPATES
~~M HERSBACH~~

58
118 REG BUS # 58 TRIP BUS #

LOAD TIME: 3:30

FROM: TROY TO FARMINGTON H.S.

TEAM / GROUP Boys JV LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 123389
Beginning 123350
TOTAL: _____

FUEL
Beginning Level 3/4+
Gallons Added _____

START TIME: 3:20 pm

TOTAL

RETURN TIME: 8:10

Hrs. 4 Min. 50

INSTRUCTIONS: w/c ~~WV~~ STAY

DRIVER COMMENTS _____

Muanda Spates
DRIVER SIGNATURE

5/15/13
DATE

COACH / TEACHER COMMENTS: _____

 M



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 9

4.83 ✓

Drive 200
unit 2.83

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/10

DRIVER: L FORMAZ 20 20
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: TROY TO FARMINGTON H.S.

TEAM / GROUP Boys V LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 72028 Beginning 71977 TOTAL: 51
FUEL Beginning Level _____ Gallons Added _____

START TIME: 4:15 TOTAL Hrs. 5 Min. 55
RETURN TIME: 10:10

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS _____

[Signature] 5-15-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 10

5.92 ✓
Driver-216
Unit-376



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$342.50	2609-002216

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS LaCrosse Wait Time		May 22, 2013	May 22, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS Branch Phone #: (248) 823-4054	

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Boys V LaCrosse to Seaholm - Wait Time	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/> <input type="checkbox"/>	4.45	\$25.00	1.00	\$111.25
2	Troy Boys JV LaCrosse to Seaholm - Wait Time	2609-41210	May. 14, 2013	May. 14, 2013	<input type="checkbox"/> <input type="checkbox"/>	2.67	\$25.00	1.00	\$66.75
3	Troy Boys V LaCrosse to Farmington - Wait Time	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/> <input type="checkbox"/>	2.83	\$25.00	1.00	\$70.75
4	Troy Boys JV LaCrosse to Farmington - Wait Time	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/> <input type="checkbox"/>	3.75	\$25.00	1.00	\$93.75

SUB TOTAL: \$342.50
AMOUNT PAID: \$0.00
AMOUNT DUE: \$342.50

700-070-399-9010-00-5000

R. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$342.50

AMOUNT PAID:

INVOICE NUMBER: 2609-002216
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS LaCrosse Wait Time
 BRANCH PHONE: (248) 823-4054

Troy School District
Athletic Transportation Log
To be filled out if you are requesting a return trip.

Date: 5/14/13

School: Troy H.S.

Team: Lacrosse

Coach: Kurt Urbin

Pick up Location: Troy H.S.

Time of departure: 4:15 ⁵⁰

Destination: Serholm

Time of Arrival: 4:45

Wait time (time waiting for the team):

4 hours and 27 minutes ^{4:45}

Time of Departure for home: 9:12

Time of arrival at home school: 9:29

Ret. to yard 9:46 ⁵⁷

Larry Crowhurst
Driver's Name

x Kurt Urbin
Coach's Name

[Signature]
Driver's Signature

x [Signature]
Coach's Signature

For office use only:

Total Cost:

Cost of Wait Time:
(Paid by team)

Remaining Cost:
(Paid by Athletics)

**Troy School District
Athletic Transportation Log**
To be filled out if you are requesting a return trip.

Date: 5-14-13

School: Troy

Team: Lacrosse

Coach: _____

arrived p/n 4:00

Pick up Location: Troy High

Time of departure: 4:05

42

Destination: Sea Holm

Time of Arrival: 4:25

Wait time (time waiting for the team):

2 hours and 35 minutes *2.67*

Time of Departure for home: 7:05

Time of arrival at home school: 7:20

to yard 7:30

42

Chris Kiser
Driver's Name

Matthew KASSA
Coach's Name

[Signature]
Driver's Signature

[Signature]
Coach's Signature

For office use only:

Total Cost: _____

Cost of Wait Time:
(Paid by team)

Remaining Cost:
(Paid by Athletics)

Troy School District
Athletic Transportation Log
To be filled out if you are requesting a return trip.

Date: 5/15/13

School: Troy High

Team: Boys JV LAX

Coach: _____

Pick up Location: Troy High

Time of departure: 3:35

spent 3:20

1.08

Destination: Farmington H.S.

Time of Arrival: ~~3:15 pm~~ 4:25 pm

Wait time (time waiting for the team):

2 hours and 50 minutes

2.83

Time of Departure for home: 7:15

Time of arrival at home school: 7:55

RA to yard 8:10

7.92

MIRANDA Spates
Driver's Name

Matthew Kassel
Coach's Name

Miranda H Spates
Driver's Signature

[Signature]
Coach's Signature

For office use only:

Total Cost: _____

Cost of Wait Time:
(Paid by team)

Remaining Cost:
(Paid by Athletics)

Troy School District
Athletic Transportation Log
To be filled out if you are requesting a return trip.

Date: 5-15-13

School: TROY HIGH

Team: V. Lax

Coach:

Pick up Location: TROY HIGH

Time of departure: 4:15

Destination: FARMINGTON HIGH

Time of Arrival: 5:20

Wait time (time waiting for the team):

3 hours and 45 minutes

Time of Departure for home:

9:05

Time of arrival at home school:

9:45

Linda FORMAZ

Driver's Name

Nate Regus
at yard 10:10

Coach's Name

Linda Formaz
Driver's Signature

Nate Regus
Coach's Signature

For office use only:

Total Cost:

Cost of Wait Time
(Paid by team)

Remaining Cost
(Paid by Athletics)

1.08
3.75
1.08



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$32.47	2609-002217

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Soccer		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy JV/V Soccer to Athens - Drop	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	0.67	\$48.46	1.00	\$32.47

SUB TOTAL: \$32.47
AMOUNT PAID: \$0.00

AMOUNT DUE: \$32.47

[Signature]
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$32.47
AMOUNT PAID:
 INVOICE NUMBER: 2609-002217
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: C BURETT REG BUS # 7 TRIP BUS # 7

LOAD TIME: 4:30

FROM: TROY HIGH TO ATHENS

TEAM / GROUP: GIRLS JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 69,682
Beginning 69,673
TOTAL: 9

FUEL Beginning Level 7/8
Gallons Added NA

START TIME: 4:15 PM

RETURN TIME: 4:55

TOTAL Hrs. 0 Min. 40

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] DRIVER SIGNATURE 5/16/2013 DATE

COACH / TEACHER COMMENTS:

[Signature] SIGNATURE OF COACH OR TEACHER RESPONSIBLE

4:40 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

67
67



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS Softball			May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy JV/V Softball to Lake Orion - Drop	2609-41210	May. 15, 2013	May. 15, 2013	<input type="checkbox"/>	1.42	\$48.46	1.00	\$68.81

SUB TOTAL: \$68.81
AMOUNT PAID: \$0.00
AMOUNT DUE: \$68.81

R. Brown

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$68.81

AMOUNT PAID:

INVOICE NUMBER: 2609-002218

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS Softball

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher: (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/15/13

DRIVER: R Duno REG BUS # 5 TRIP BUS # 5

LOAD TIME: 2:45

FROM: Troy TO LAKE ORION H.S.

TEAM / GROUP JV/V SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82586
Beginning 82545
TOTAL: 41

FUEL Beginning Level 5/8
Gallons Added 0

START TIME: 2:15
RETURN TIME: 3:55

TOTAL Hrs. 1 Min. 40

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] DRIVER SIGNATURE 5/15/13 DATE

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1.67 ✓
142

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS Tennis			May. 22, 2013	May. 23, 2013	May. 22, 2013	N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls V Tennis to Elsworthy Park - Drop	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	2.50	\$48.46	1.00	\$121.15
2	Troy Girls JV Tennis to Clarkston Everest Collegiate - Drop	2609-41210	May. 16, 2013	May. 16, 2013	<input type="checkbox"/>	1.67	\$48.46	1.00	\$80.93

SUB TOTAL: \$202.08
AMOUNT PAID: \$0.00
AMOUNT DUE: \$202.08

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$202.08

AMOUNT PAID:

INVOICE NUMBER: 2609-002219
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Tennis
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: M. Dohanish

REG BUS # _____ TRIP BUS # 5

LOAD TIME: 7:00 AM

FROM: TROY HIGH TO ELSWORTHY PARK

TEAM / GROUP GIRLS V TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82656
Beginning 82580
TOTAL: 70

FUEL Beginning Level 3/4
Gallons Added _____

START TIME: 7:00

TOTAL Hrs. 2 Min. 30

RETURN TIME: 9:30

INSTRUCTIONS: DROP ~~STAY~~

DRIVER COMMENTS _____

[Signature]

DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: [Signature]

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

2.50 ✓

2.50

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/16/13

DRIVER: D BLAISDELL REG BUS # _____ TRIP BUS # 10

LOAD TIME: 2:30

FROM: Troy TO CLARKSTON EVEREST COLLEGIATE

TEAM / GROUP GIRLS JV TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 99061
Beginning 99011
TOTAL: 50

FUEL Beginning Level 34
Gallons Added 0

START TIME: 2:15
RETURN TIME: 3:55

TOTAL Hrs. 1 Min. 40

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/16/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

1.67 ✓

1.67



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$376.05	2609-002220

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Track		May. 22, 2013	May. 22, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX	QTY.	RATE	UNITS	AMOUNT
1	Troy Track to Warren Mott - 2 Buses- (1 Drop,1 Stay)	2609-41210	May. 17, 2013	May. 17, 2013	<input type="checkbox"/> 1 <input type="checkbox"/> 2	3.88	\$48.46	2.00	\$376.05

SUB TOTAL: \$376.05
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$376.05

[Handwritten Signature]

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$376.05
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002220
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Track
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: G URE 113 64
REG BUS # TRIP BUS #

LOAD TIME: 1:30

FROM: Troy TO WARREN MOTT

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 107924
Beginning 107904
TOTAL: 20

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 4:25 pm

RETURN TIME: 11:10 pm

TOTAL Hrs. 6 Min. 45

INSTRUCTIONS: v/c STAY

DRIVER COMMENTS

Regina M. Ure
DRIVER SIGNATURE

5-17-13
DATE

COACH / TEACHER COMMENTS:

[Signature]

10:00

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 24

6.75 ✓
6.75

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/17/13

DRIVER: M DOHANISH

3/16/13
REG BUS # 18P TRIP BUS # 5

LOAD TIME: 1:15

FROM: TROY TO WARREN MOTT

TEAM / GROUP TRACK

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 1:15

TOTAL

RETURN TIME: 2:15

Hrs. 1 Min. 0

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/17/13
DATE

COACH / TEACHER COMMENTS: _____

 _____

 _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

*

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

2.00 ✓

100



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$290.76	2609-002226

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Bemis Elementary		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533874	533874
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Bemis 3rd grade to Cranbrook	2609-41210	May. 21, 2013	May. 21, 2013	<input type="checkbox"/>	2.00	\$48.46	2.00	\$193.84
2	Bemis 1st & 2nd Grade to Troy Museum	2609-41210	May. 22, 2013	May. 22, 2013	<input type="checkbox"/>	2.00	\$48.46	1.00	\$96.92

SUB TOTAL: \$290.76
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$290.76

700-015-199-3930-00-5000

D. Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$290.76
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002226
 CUSTOMER NUMBER: 533874
 EBRANCH NUMBER: 533874
 LOCATION CODE: 22609
 COMPANY NAME: Bemis Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: C. PARKER 39
REG BUS # TRIP BUS #

LOAD TIME: 9:10

FROM: BEMIS TO CRANBROOK

TEAM / GROUP 3rd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 59019 Beginning 59002 TOTAL: 17
FUEL Beginning Level 3/4 Gallons Added _____

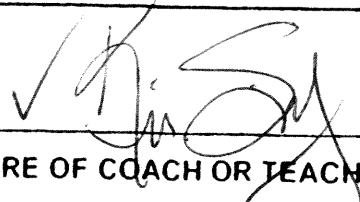

START TIME: 9:10 TOTAL Hrs. _____ Min. _____
RETURN TIME: 10:05

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C. Parker DRIVER SIGNATURE 5-21-13 DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 4

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: R. Wiley

36
REG BUS #

16
TRIP BUS #

LOAD TIME: 2:10

FROM: CRANBROOK TO BEMIS

TEAM / GROUP 3rd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 77602
Beginning 77583
TOTAL: 19

FUEL
Beginning Level 3/4
Gallons Added 0

START TIME: 1:30 1:40

TOTAL

RETURN TIME: 2:40

Hrs. 1 Min. 00

INSTRUCTIONS: RETURN

DRIVER COMMENTS

R. Wiley
DRIVER SIGNATURE

5/21/13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

2:25
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

109/2 [Star]

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

109 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: R DUMO s/bv 12
REG BUS # TRIP BUS #

LOAD TIME: 9:10

FROM: BEMIS TO CRANBROOK

TEAM / GROUP 3rd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 725
Beginning 31710
TOTAL: 15

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 9:10

RETURN TIME: 10:05

TOTAL Hrs. ~~1~~ Min. 55

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] 5/21/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

109/2

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 5

92

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: R. D. [Signature] REG BUS # 61 TRIP BUS # 61

LOAD TIME: 2:10

FROM: CRANBROOK TO BEMIS

TEAM / GROUP: 3rd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87350
Beginning 87335
TOTAL: 15

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 1:40

RETURN TIME: 2:30

TOTAL Hrs. 50 Min. 50

INSTRUCTIONS: RETURN

DRIVER COMMENTS

[Signature]

DRIVER SIGNATURE

5/21/13

DATE

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE



TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

100/2



Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

83

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Bemis Elementary GRADE/GROUP 3rd Grade
DAY Tuesday DATE 5-21-13 # OF STUDENTS 87 ADULTS 21
DESTINATION Cranbrook Institute of Science
ADDRESS 39221 Woodward Ave, Bloomfield Hills, MI
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Related / connected to science units

EXACT TYPE OF TRANSPORTATION PLANNED School District Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY * Drop off Pick-up

Depart school 9:10 a.m. Depart destination 2:00 2:10 a.m.
p.m. p.m.

Arrive destination 9:30 a.m. Arrive school 2:20 2:30 a.m.
p.m. p.m.

Students' supervision during trip by Ms. Smiley, Mrs Ellsworth, Mrs Getty

Number of trips your group has made this year one

Where Athens High School - Eisenhower Dance

APPLICANT'S SIGNATURE Kim Smiley DATE 3-15-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4/8/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER 700 510 111 313000 000

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS ? DATE _____

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/22/13

DRIVER D CAMERON 4 4
REG BUS # TRIP BUS #

LOAD TIME: 1:15

FROM: BEMIS TO: TROY MUSEUM

TEAM / GROUP 13th / 2nd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 118319
Beginning 118315
TOTAL: 4

FUEL
Beginning Level full
Gallons Added 0

START TIME: 1:00pm

TOTAL

RETURN TIME: 1:35pm

Hrs. 0 Min. 35

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

5-22-13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 5/11

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 10

58V
11-1-13

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/22/13

DRIVER: D. Cameron 4 4
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: TROY MUSEUM TO BEMIS

TEAM / GROUP 1st / 2nd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 118337
Beginning 118335
TOTAL: 2

FUEL
Beginning Level full
Gallons Added 0

START TIME: 3:00pm

TOTAL

RETURN TIME: 3:15

Hrs. 0 Min. 15

INSTRUCTIONS: RETURN

DRIVER COMMENTS

TD
DRIVER SIGNATURE

5-22-13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 5/11

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Bemis GRADE/GROUP 1st/2nd: Asgarally Markka
DAY Wed DATE 5/22/13 # OF STUDENTS 49 ADULTS 2
DESTINATION Troy Historical Village
ADDRESS 100 West Wattles Rd. Troy MI 48098
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION
FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Communities of the past

EXACT TYPE OF TRANSPORTATION PLANNED school bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY N/A

Depart school 1:15 a.m. Depart destination 3:00 a.m.
p.m. p.m.

Arrive destination 1:30 a.m. Arrive school 3:15 a.m.
p.m. p.m.

Students' supervision during trip by teacher, parent, museum volunteer

Number of trips your group has made this year 2

Where Flagstar Bank, Nino's

APPLICANT'S SIGNATURE Eunghemhart DATE 4/17/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE _____

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$555.35	2609-002227

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Hamilton Elementary		May. 24, 2013	May. 24, 2013	May. 24, 2013	N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533882	533882
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Hamilton 2nd grade to Detroit Zoo	2609-41210	May. 23, 2013	May. 23, 2013		5.73	\$48.46	2.00	\$555.35

SUB TOTAL: \$555.35
AMOUNT PAID: \$0.00
AMOUNT DUE: \$555.35

700-017-199-3930-00-5000

R. Mac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$555.35
AMOUNT PAID:
 INVOICE NUMBER: 2609-002227
 CUSTOMER NUMBER: 533882
 EBRANCH NUMBER: 533882
 LOCATION CODE: 22609
 COMPANY NAME: Hamilton Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: J GRAY 54 3
REG BUS # TRIP BUS #

LOAD TIME: 10:00

FROM: HAMILTON TO DETROIT ZOO

TEAM / GROUP 2nd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82697 FUEL Beginning Level F
Beginning 82669 Gallons Added 0
TOTAL: 28

START TIME: 9:30 TOTAL
RETURN TIME: 3:17 Hrs. 5 Min. 47

INSTRUCTIONS: RETURN @ 3:00

DRIVER COMMENTS

[Signature] 5-23-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature] 3:02
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
90/2
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 25

578 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: T RECCHIA 24 44
REG BUS # TRIP BUS #

LOAD TIME: 10:00

FROM: HAMILTON TO DETROIT ZOO

TEAM / GROUP 2nd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 55685 Beginning 55650 TOTAL: _____
FUEL Beginning Level Full Gallons Added _____

START TIME: 9:30 TOTAL Hrs. 5 Min. 55

RETURN TIME: 3:05
INSTRUCTIONS: RETURN 3:00

DRIVER COMMENTS _____

T Recchia 5/23/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

Theresa Schumy 3:05
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 90/2 Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # 24

5.92 ✓
2107

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL _____ GRADE/GROUP _____
DAY _____ DATE _____ # OF STUDENTS _____ ADULTS _____
DESTINATION _____
ADDRESS _____
No Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION
FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION _____

EDUCATIONAL PURPOSE _____

EXACT TYPE OF TRANSPORTATION PLANNED _____

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school _____ a.m. p.m. Depart destination _____ a.m. p.m.
Arrive destination _____ a.m. p.m. Arrive school _____ a.m. p.m.

Students' supervision during trip by _____

Number of trips your group has made this year _____

where _____

APPLICANT'S SIGNATURE _____ DATE _____
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ 2 busses _____ DATE 3/27/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$96.92	2609-002232

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Wass Elementary		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	Ebranch NUMBER
Wass Elementary 2340 Willard Troy, MI 48098	533890	533890
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Wass 4th grade to TSD Service Bldg.	2609-41210	May. 21, 2013	May. 21, 2013	<input type="checkbox"/>	2.00	\$48.46	1.00	\$96.92

SUB TOTAL: \$96.92
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$96.92

700-014-190-3930-00-5000

D. Adam

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$96.92
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002232
 CUSTOMER NUMBER: 533890
 EBRANCH NUMBER: 533890
 LOCATION CODE: 22609
 COMPANY NAME: Wass Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: R WILES 36 36
REG BUS # TRIP BUS #

LOAD TIME: 11:45

FROM: WASS TO TSD SERVICE BLDG

TEAM / GROUP HA

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 62417 Beginning 62408 TOTAL: 9
FUEL Beginning Level F Gallons Added _____

START TIME: 11:30 RETURN TIME: 12:10 TOTAL Hrs. _____ Min. 40 min

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 5/21/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 12:00
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 53/1
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 6

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: R. Gardner REG BUS # 53 TRIP BUS # 53

LOAD TIME: 2:00

FROM: TSD SERVICE BLDG TO WASS

TEAM / GROUP 4th

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 104591 Beginning 104582 TOTAL: 9
FUEL Beginning Level OVER 1/2 Gallons Added 0

START TIME: 1:50 RETURN TIME: 2:35 TOTAL Hrs. 0 Min. 45

INSTRUCTIONS: Return

DRIVER COMMENTS

Rick Gardner DRIVER SIGNATURE 5-21-13 DATE

COACH / TEACHER COMMENTS:

Barb Welfenbaker SIGNATURE OF COACH OR TEACHER RESPONSIBLE 2:22 TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 53/1 * Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

FORM A

700.014.199.3930.00. TROY SCHOOL DISTRICT

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Wass Elementary GRADE/GROUP 4th Grade
DAY Tuesday DATE 5-21-13 # OF STUDENTS 50 ADULTS 3
DESTINATION Troy School District Services Building
ADDRESS 4400 Livernois Troy
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Disability Awareness Workshop

EXACT TYPE OF TRANSPORTATION PLANNED bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY n/a

Depart school 11:45 a.m. Depart destination 12:00 a.m.

Arrive destination 12:00 a.m. Arrive school 2:15 a.m.

Students' supervision during trip by (teachers) Jayne Kelly & Barb Diefenbaker

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Marcus Fetrous DATE 3-11-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 4/12/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus \$200 DATE 4/16/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$996.34	2609-002235

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
International Academy East		May. 24, 2013	May. 24, 2013	May. 24, 2013	N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	E BRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533904	533904
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	IA East Band to Detroit Opera House	2609-41210	May. 23, 2013	May. 23, 2013	<input type="checkbox"/>	5.20	\$48.46	1.00	\$251.99
2	IA East to Paradise Park (Senior All-Night Party)	2609-41210	May. 23, 2013	May. 24, 2013	<input type="checkbox"/>	2.07	\$48.46	4.00	\$401.25
3	IA East Grad. Rehearsal to Detroit Opera House	2609-41210	May. 23, 2013	May. 23, 2013	<input type="checkbox"/>	3.54	\$48.46	2.00	\$343.10

SUB TOTAL: \$996.34
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$996.34

① 700-074-399-7052-00-5000
 ② 700-074-399-7000-00-5000
 ③ 101-074-399-249-7452-00-3190

D. Alan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$996.34
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002235
 CUSTOMER NUMBER: 533904
 EBRANCH NUMBER: 533904
 LOCATION CODE: 22609
 COMPANY NAME: International Academy East
 BRANCH PHONE: (248) 823-4054

In case of emergency - Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: A ALLEN 116 64
REG BUS # TRIP BUS #

LOAD TIME: 5:00

FROM: IA - EAST TO DETROIT OPERA HOUSE

TEAM / GROUP graduation - BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 108356
Beginning 108308
TOTAL: 48

FUEL
Beginning Level Full
Gallons Added _____

START TIME: 5:00 PM

RETURN TIME: 10:12 PM

TOTAL
Hrs. 5 Min. 12

INSTRUCTIONS: u/c RETURN 9:45

DRIVER COMMENTS _____

A Allen 5/23/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

2 buses

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 29

5.20 ✓

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL _____ GRADE/GROUP _____

DAY _____ DATE _____ # OF STUDENTS _____ ADULTS _____

DESTINATION _____

ADDRESS _____
No _____ Street _____ City _____

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION
FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION _____

EDUCATIONAL PURPOSE _____

EXACT TYPE OF TRANSPORTATION PLANNED _____

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school _____ a.m. _____ p.m. Depart destination _____ a.m. _____ p.m.

Arrive destination _____ a.m. _____ p.m. Arrive school _____ a.m. _____ p.m.

Students' supervision during trip by _____

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE _____ DATE _____
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____
Draw Shankles

CENTRAL OFFICE APPROVAL _____ *1 bus*

TRANSPORTATION DEPT. COSTS _____ DATE _____ *4/29/13*

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: M SPATES
~~B BARTELL~~ 58
REG BUS # 16 TRIP BUS # 58

LOAD TIME: 10:45

FROM: EA - EAST TO PARADISE PARK

TEAM / GROUP 12th

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 123997 Beginning 123934 TOTAL: 63
FUEL Beginning Level 3/4+ Gallons Added _____

START TIME: 10:15 RETURN TIME: 12:30
TOTAL Hrs. 2 Min. 15

INSTRUCTIONS: w/c Drop

DRIVER COMMENTS _____

Muanda H Spates 5/23/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 101/2
Reg. Hrs. _____ O.T. Hrs. _____
Valid Meal Receipt _____ Employee ID # _____
TRIP # 33

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: A ALLEN 116 64
REG BUS # TRIP BUS #

LOAD TIME: 10:45 pm

FROM: IA - EAST TO PARADISE PARK

TEAM / GROUP 12th

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 108420 Beginning ~~101500~~ 108356 FUEL Beginning Level 3/4 Full Gallons Added _____
TOTAL: 64

START TIME: 10:15 PM RETURN TIME: 12:30 AM TOTAL Hrs. 2 Min. 15

INSTRUCTIONS: w/c Drop

DRIVER COMMENTS _____

[Signature] 5/24/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 101/2 Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # 34

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher: (CP) 248-321-7040
Supervisor: (CP) 248-840-6993
Sub Dispatch: (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/24/13

DRIVER: A ALLEN 116 64
REG BUS # TRIP BUS #

LOAD TIME: LV YARD 5:15 AM

FROM: BUS YARD TO PARADISE PARK - IA - EAST

TEAM / GROUP 122

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 108483
Beginning 108420
TOTAL: 63

FUEL
Beginning Level 3/4 Full
Gallons Added 0

START TIME: 5:00 AM

TOTAL

RETURN TIME: 7:00 AM


Hrs. 2 Min. 00


INSTRUCTIONS: u/c arrive @ school 6:40 a.m. ↓

DRIVER COMMENTS

[Signature] 5/24/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: [Signature]

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

101/2

Reg. Hrs. _____ ✓ 2.00

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 39

In Case of Emergency - Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/24/13

DRIVER: B BARTELL REG BUS # 16 TRIP BUS # 12

LOAD TIME: LV YP 5:15 AM

FROM: BUS TO PARADISE PARK - IA EAST

TEAM / GROUP 12

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 31986
Beginning 31925
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 5:00

RETURN TIME: 7:00

TOTAL
Hrs. 2 Min. ~~00~~

INSTRUCTIONS: vlc arrive @ school 6:45

DRIVER COMMENTS _____

Robert Bartell 5/24/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL International Academy East GRADE/GROUP 12th grade
DAY 5/23/2013 DATE Thursday # OF STUDENTS 99 ADULTS 2
DESTINATION Paradise Park
ADDRESS 45799 Grand River Ave. Novi 48374
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Senior All Night Party

EXACT TYPE OF TRANSPORTATION PLANNED School Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY None

Depart school 10:45 a.m. Depart destination 6:00 a.m.
p.m. p.m.

Arrive destination 11:15 a.m. Arrive school 6:30 a.m.
p.m. p.m.

Students' supervision during trip by Parent chaperones

Number of trips your group has made this year —

Where —

APPLICANT'S SIGNATURE Audra Melton DATE 1.21.2013
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL Audra Melton DATE 1.21.2013

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 2 buses DATE _____

IMPORTANT INSTRUCTIONS:

X 2 = 4 Buses

- All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor if substitute was requested. building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: S CHRONOWSKI 14
REG BUS # TRIP BUS #

LOAD TIME: 10:15

FROM: IA EAST TO DETROIT OPERA HOUSE

TEAM / GROUP grad. rehearsal

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 118424
Beginning 118380
TOTAL: 44

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 9:45
RETURN TIME: 1:45
TOTAL Hrs. 4 Min. _____

INSTRUCTIONS: RETURN 1:45 o/c

DRIVER COMMENTS Awesome IA

[Signature] 5-23-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 10/12 1 bus
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 27

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5.23.13

DRIVER: PAM O 37 37
REG BUS # TRIP BUS #

LOAD TIME: 10:15

FROM: IA TO: Det. Opera House

TEAM / GROUP: SENIOR GRAD. Practice

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 52790
Beginning 52740
TOTAL: 50

FUEL
Beginning Level X
Gallons Added X

START TIME: 10:30
RETURN TIME: 1:35

TOTAL
Hrs. 3 Min. 05

INSTRUCTIONS: Rt 1:45

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

05.23.13
DATE

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 104/2 * Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

3.08 ✓
2.08

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL International Academy GRADE/GROUP 12th
DAY Thursday DATE 5/23/13 # OF STUDENTS 99 ADULTS 4-5
DESTINATION Detroit Opera House
ADDRESS 1526 No. Broadway Street Detroit City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE Graduation Rehearsal

EXACT TYPE OF TRANSPORTATION PLANNED Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY None

Depart school 10:15 a.m. Depart destination 1:00 a.m.

Arrive destination 11:00 a.m. Arrive school 1:45 a.m.

Students' supervision during trip by IA Admin team, counselors, teachers

Number of trips your group has made this year 0

*here _____

APPLICANT'S SIGNATURE Melissa K DATE 3/11/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL Audra Meltzer DATE 3-12-2013

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER 101-074-249-7452-00-3190

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 2 buses DATE _____

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- 2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- 3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.

Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.

- 5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$958.06	2609-002236

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Boulan Park Middle School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533893	533893
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Boulan 7th grade to DIA	2609-41210	May. 23, 2013	May. 23, 2013	<input type="checkbox"/>	4.84	\$48.46	3.00	\$703.64
2	Boulan 7/8 grade to Oakland University	2609-41210	May. 23, 2013	May. 23, 2013	<input type="checkbox"/>	5.25	\$48.46	1.00	\$254.42

SUB TOTAL: \$958.06
AMOUNT PAID: \$0.00
AMOUNT DUE: \$958.06

① 700-053-299-3930-00-5000

② 700-053-299-7000-00-5000

D. Man

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$958.06
AMOUNT PAID:
 INVOICE NUMBER: 2609-002236
 CUSTOMER NUMBER: 533893
 EBRANCH NUMBER: 533893
 LOCATION CODE: 22609
 COMPANY NAME: Boulan Park Middle School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: A JACKSON 107 REG BUS # 7 TRIP BUS #

LOAD TIME: 9:00

FROM: BOULAN TO DIA

TEAM / GROUP 1st

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 72679 Beginning 72634 TOTAL: _____
FUEL Beginning Level Full Gallons Added _____

START TIME: 8:30 TOTAL Hrs. _____ Min. _____
RETURN TIME: 1:40

INSTRUCTIONS: RETURN 1:30

DRIVER COMMENTS _____

Ambler M.A. Jackson DRIVER SIGNATURE 5-23-13 DATE

COACH / TEACHER COMMENTS: John Smith

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
143/13
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 20

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: G ONE 113 12
REG BUS # TRIP BUS #

LOAD TIME: 9:00

FROM: BOULAN TO DIA

TEAM / GROUP 71

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 31874 Beginning 31829 TOTAL: _____
FUEL Beginning Level 3/4 Gallons Added _____

START TIME: 8:40 RETURN TIME: 1:40 TOTAL Hrs. 5 Min. 0

INSTRUCTIONS: RETURN 1:30

DRIVER COMMENTS _____

Regina M Val 5-23-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 143/13 Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # 21

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Supervisor (CP) 248-840-6993

Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box

6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER L FORMAZ 20 18
REG BUS # TRIP BUS #

LOAD TIME: 9:00

FROM: BOULAN TO DIA

TEAM / GROUP JH

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 74634 Beginning 74600 TOTAL: actual 45 miles - gauge not working
FUEL Beginning Level _____ Gallons Added _____
START TIME: 9:00 RETURN TIME: 1:40 TOTAL Hrs. 4 Min. 40

INSTRUCTIONS: Bus 18 w/CH 1st
RETURN 1:30

DRIVER COMMENTS _____

[Signature] 5-23-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Michelle Lamb Excellent Driver

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # 22

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Burlan Park Middle School GRADE/GROUP 7
DAY Thursday DATE May 23, 2013 # OF STUDENTS 130 ADULTS 13
DESTINATION Detroit Institute of Arts
ADDRESS 5200 Woodward Avenue Detroit
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED YOU PERMISSION Yes

EDUCATIONAL PURPOSE Shaping Identity Tour - Social Studies

EXACT TYPE OF TRANSPORTATION TSD Busses - Wheel Chair Bus

OTHER EQUIPMENT TO BE TRANSPORTED (IF ANY) Bus with lift for wheel chair

Depart school 9 a.m. Depart destination 1 a.m.

Arrive destination 9:45 a.m. Arrive school 1:30 a.m.

Students' supervision during trip Chris DeNeen / Parent Chaperones

Number of trips your group has made this year One

Where Meadowbrook

APPLICANT'S SIGNATURE [Signature] DATE 3/18/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 3-19-13

MIDDLE SCHOOL AND HIGH SCHOOL SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. APPROVAL 2 _____ DATE 3/19/13

IMPORTANT INSTRUCTIONS

- All five copies must be returned to Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, five copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, the principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 8 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for all arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration for student participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Gate / Lounge Key Box

Supervisor (CP) 248-840-6993

6293 12345

Sub Dispatch (CP) 248-867-8336

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: N WILLIS REG BUS # 27 TRIP BUS # 15

LOAD TIME: 8:15

FROM: BOULAN TO OAKLAND UNIVERSITY

TEAM / GROUP 7/5th

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80268 Beginning 80244 TOTAL: 24 FUEL Beginning Level Gallons Added

START TIME: 1:15 RETURN TIME: 7:50 TOTAL Hrs. 5 Min. 25

INSTRUCTIONS: RETURN 1:30

DRIVER COMMENTS: Good Trip in

DRIVER SIGNATURE: [Signature] DATE: 5-23-13

COACH / TEACHER COMMENTS:

SIGNATURE OF COACH OR TEACHER RESPONSIBLE: [Signature] TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. O.T. Hrs. Valid Meal Receipt Employee ID # TRIP # 15

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Boulan Park Middle School GRADE/GROUP 7/8 Achievement Skills

DAY _____ DATE _____ # OF STUDENTS 30 ADULTS 5

DESTINATION Oakland University

ADDRESS 2200 N. Squirrel Road Rochester, MI 48309
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION
FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE _____

EXACT TYPE OF TRANSPORTATION PLANNED ~~_____~~ District Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 8:15 a.m. Depart destination 12:45 a.m.
p.m. p.m.

Arrive destination 9:00 a.m. Arrive school 1:30 a.m.
p.m. p.m.

Students' supervision during trip by Emily Band, Song Song, Bob Beaver, Laura Kennedy, Jorla P.

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Emily Band DATE May 1, 2013
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL J. Ruany DATE 5-1-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) 1
TIME SUB SHOULD ARRIVE 7:55 am TIME SUB SHOULD LEAVE 2:35 pm
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE _____

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$246.18	2609-002237

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens High School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	Ebranch NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Child Care Class to Upiand Hills Farm	2609-41210	May. 21, 2013	May. 21, 2013		5.08	\$48.46	1.00	\$246.18

SUB TOTAL: \$246.18
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$246.18

700-127-399-5420-00-5000
~~101-071-127-5420-00-5990~~

R. Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$246.18
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002237
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Gate / Lounge Key Box

Supervisor (CP) 248-840-6993

6293 12345

Sub Dispatch (CP) 248-867-8336

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: L CROSTHWATE REG BUS # 2 TRIP BUS # 4

LOAD TIME: 9:00

FROM: ATHENS TO UPLAND HILLS FARM

TEAM / GROUP: child care class

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 118256 Beginning 118216 TOTAL: 40 FUEL Beginning Level Full Gallons Added

START TIME: 8:45

TOTAL

RETURN TIME: 1:50

Hrs. 5 Min. 05

INSTRUCTIONS: o/c bus pick up @ playground Return 1:50

DRIVER COMMENTS: Went straight from A.M. Run to Trip. Then went from Trip straight to P.M. Run.

DRIVER SIGNATURE DATE 5/21/13

COACH / TEACHER COMMENTS:

SIGNATURE OF COACH OR TEACHER RESPONSIBLE: X Amy Deard

TIME OF RETURN TO BUILDING: X 1:48

OFFICE USE ONLY: 58/1

Reg. Hrs. O.T. Hrs. Valid Meal Receipt Employee ID # TRIP # 3

101-071-127-5420-00-

TROY SCHOOL DISTRICT

FORM A

5990

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Athens High School GRADE/GROUP Child Care High school + preschool

DAY Tuesday DATE May 21, 2013 # OF STUDENTS 16 preschool 40 high school ADULTS 2

DESTINATION Upland Hills Farm

ADDRESS 481 Lake George Rd. Oxford No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE to learn about farm animals & their environment

EXACT TYPE OF TRANSPORTATION PLANNED Troy School bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY 2 large coolers, wagon (lunch & drinks)

Depart school 9:00 a.m. p.m. Depart destination 1:20 a.m. p.m.

Arrive destination 9:30 a.m. p.m. Arrive school 1:50 a.m. p.m.

Students' supervision during trip by Amy Dent and Colleen Gerbe

Number of trips your group has made this year (2) two

Where Troy fire station, Troy Outdoor Ed. Center

APPLICANT'S SIGNATURE Colleen Gerbe DATE 2-13-2013

PRINCIPAL'S APPROVAL [Signature] DATE 2/15/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE []

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S)

TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE

ACCOUNT NUMBER

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS 1 bus w/for DATE 2/

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens High School			May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533815		533815			
				COMMENTS					
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Sociology to Detroit Zoo	2609-41210	May. 23, 2013	May. 23, 2013	<input type="checkbox"/>	3.34	\$48.46	1.00	\$161.86

SUB TOTAL: \$161.86
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$161.86

700-071-399-7088-00-5000

D. Asac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$161.86
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002238
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens High School
 BRANCH PHONE: (248) 823-4054

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: D KURTZ
~~F RECCINA~~ REG BUS # 38 TRIP BUS # 38
~~24~~

LOAD TIME: 9:00

FROM: ATHENS TO DETROIT ZOO

TEAM / GROUP _____

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 56556 56582
Beginning 56532 56556
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 9:10 11:45

TOTAL

RETURN TIME: 10:35 1:40

Hrs. 3 Min. 20

INSTRUCTIONS: Drop + Return @ 12:30 to load

DRIVER COMMENTS _____

Daniel Kurtz
DRIVER SIGNATURE

5-23-13
DATE

COACH / TEACHER COMMENTS: _____

Shyan
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING _____

OFFICE USE ONLY:

58/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 23

334 ✓

334

700-071-399-7088-00-5000 TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Athens H.S. GRADE/GROUP Sociology
DAY Thursday DATE May 23 # OF STUDENTS 50-55 ADULTS 3
DESTINATION Detroit Zoo w/pen pals
ADDRESS 8450 W. 10 Mile Rd Royal Oak 48067
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes Chaperone kids
EDUCATIONAL PURPOSE visit with pen pals from Spain - assist w/ science assignment
EXACT TYPE OF TRANSPORTATION PLANNED School bus (in place of their visit to ATH)

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY

Depart school 9:00 a.m. Depart destination 12:30 a.m.
Arrive destination 9:30 a.m. Arrive school 1:00 a.m.
~~10:00~~ p.m. ~~1:00~~ p.m.

Students' supervision during trip by S. Syme, parent volunteers

Number of trips your group has made this year 1

Where Spain Elementary & January

APPLICANT'S SIGNATURE [Signature] DATE 2/26/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 2/27/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____
No sub needed - I will cover internally

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 4/2/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #				
2609		\$254.42			2609-002239				
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #			
Troy High School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1			
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533809		533809			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Business Law to 52 District Court, Jail and Police Station	2609-41210	May. 23, 2013	May. 23, 2013		5.25	\$48.46	1.00	\$254.42

SUB TOTAL: \$254.42
AMOUNT PAID: \$0.00
AMOUNT DUE: \$254.42

700-070-399-7023-00-5000

R. Dan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$254.42

AMOUNT PAID:

INVOICE NUMBER: 2609-002239

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy High School

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040

Supervisor (CP) 248-840-6993

Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box

6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: J CASSEL
J FAULKNER

REG BUS # 64
TRIP BUS # 37

LOAD TIME: 8:30

FROM: Troy High TO 52 DISTRICT CT, JAIL, POLICE STATION

TEAM / GROUP 9-12

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 108281
Beginning 108237
TOTAL: 44

FUEL
Beginning Level
Gallons Added

START TIME: 8:30 845

TOTAL

RETURN TIME: 2:00

Hrs. 5 Min. 30

INSTRUCTIONS: RETURN @ 2:00
got there late due to construction (SB)

DRIVER COMMENTS Adjust customer charge

DRIVER SIGNATURE

DATE 5/23/13

COACH / TEACHER COMMENTS:

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 26/1

Reg. Hrs.

O.T. Hrs.

Valid Meal Receipt

Employee ID #

TRIP # 19

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy High School GRADE/GROUP 9-12 (Business)
DAY Thursday DATE May 23, 2013 # OF STUDENTS 25 ADULTS 1
DESTINATION 53rd District #4/Jail/Police Station
ADDRESS Civic Dr. Troy

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES
EDUCATIONAL PURPOSE Visit court in session/jail/police station/unch @ 2:00
EXACT TYPE OF TRANSPORTATION PLANNED bus
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY

Depart school 8:30 a.m. Depart destination 1:30 a.m.
Arrive destination 9:00 a.m. Arrive school 2:00 p.m.

Students' supervision during trip by Carol Yax
Number of trips your group has made this year

APPLICANT'S SIGNATURE (see attached) DATE 10/15/12
PRINCIPAL'S APPROVAL DATE 11-27-12

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Carol Yax
TIME SUB SHOULD ARRIVE 7:05 TIME SUB SHOULD LEAVE 2:20
ACCOUNT NUMBER 101-070-221-0215-80-3110

CENTRAL OFFICE APPROVAL DATE
TRANSPORTATION DEPT. COSTS DATE 4/26/13

- IMPORTANT INSTRUCTIONS:
1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$812.67	2609-002240

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy High School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Biology Class to Detroit Zoo	2609-41210	May. 23, 2013	May. 23, 2013		5.59	\$48.46	3.00	\$812.67

SUB TOTAL: \$812.67
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$812.67

700-070-399-3412-00-5000

D. [Signature]

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$812.67
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002240
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy High School
 BRANCH PHONE: (248) 823-4054

Emergency - Please Call in the Order the Names Appear:
Dispatcher (CP) 248-321-7040 Gate / Lounge Key Box 6293 12345
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: A Cowles 15
REG BUS # TRIP BUS #

LOAD TIME: 8:30

FROM: Troy High TO DETROIT ZOO

TEAM / GROUP Bio. A.

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ FUEL Beginning Level _____
Beginning 103368 Gallons Added _____
TOTAL: _____



START TIME: 8:15 TOTAL
RETURN TIME: 2:00 Hrs. _____ Min. _____

INSTRUCTIONS: #18 w/ch lift Return 1:35

DRIVER COMMENTS _____

[Signature] 5/23/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
124/13 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 16

PLEASE TURN TRIP SHEET IN BY 7:00 AM ON THE FOLLOWING WEEKDAY

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: C. LOGAN REG BUS # 125 TRIP BUS # 61

LOAD TIME: 8:30

FROM: Troy High TO DETROIT ZOO

TEAM / GROUP Bio A

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 87396
TOTAL: _____

FUEL Beginning Level 3/4
Gallons Added 3/4

START TIME: 830

TOTAL

RETURN TIME: 150

Hrs. _____ Min. _____

INSTRUCTIONS: RETURN 1:35

DRIVER COMMENTS _____

[Signature] 5-23-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 124/3

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 18

5.33
5.33

In case of emergency please call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/18

DRIVER: J ZALESKY 126 16
REG BUS # TRIP BUS #

LOAD TIME: 8:30

FROM: TROY HIGH TO DETROIT ZOO

TEAM / GROUP Bio A

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ FUEL Beginning Level _____
Beginning 77622 Gallons Added _____
TOTAL: _____

START TIME: 8:20 TOTAL Hrs. 5 Min. 40
RETURN TIME: 2:00

INSTRUCTIONS: RETURN 1:35

DRIVER COMMENTS _____

J Zalesky 5/23/18
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
124/3 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 17

100 070 399 341200 5000

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL THS GRADE/GROUP Biology A
DAY Thurs. DATE 5-23-12 # OF STUDENTS 84 ADULTS 8
DESTINATION Detroit Zoo
ADDRESS 8450 W. 10 Mile Road, Royal Oak, MI 48067
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Zoological study of the animals & their

EXACT TYPE OF TRANSPORTATION PLANNED buses ecological interactions
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY -

Depart school 8:30 a.m. Depart destination 1:15 a.m.

Arrive destination ~ 8:50 a.m. Arrive school ~ 1:35 a.m.

Students' supervision during trip by Rebecca Brewer + Emily Davidson

Number of trips your group has made this year 0
here -

APPLICANT'S SIGNATURE R.K. Brewer Emily David DATE 9-24-12
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9-25-12

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Rebecca Brewer + Emily Davidson 2 subs needed
TIME SUB SHOULD ARRIVE 7:05 TIME SUB SHOULD LEAVE 2:20 subs requested 9/27/12
ACCOUNT NUMBER 101-070-221-0215-80-3110

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 3 buses DATE _____

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$218.07	2609-002241

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens/Troy Special ED		May 24, 2013	May 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens & Troy SP-Ed to OCC Auburn Hills	2609-41210	May. 23, 2013	May. 23, 2013		4.50	\$48.46	1.00	\$218.07

SUB TOTAL: \$218.07
AMOUNT PAID: \$0.00
AMOUNT DUE: \$218.07

122-885-271-3941-00-4230

R Mac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$218.07
AMOUNT PAID:
 INVOICE NUMBER: 2609-002241
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens/Troy Special ED
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

(CP) 248-321-7040
(CP) 248-840-6993
(CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

P S H E E T

TRIP DATE: 5/23/13

DRIVER: M CARPENTER 25 22
REG BUS # TRIP BUS #

LOAD TIME: 8:45 AHS 9:00 THS

FROM: ATHENS/TROY TO OCC - ARBURN HILLS

TEAM / GROUP SP. ED

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 76945 Beginning 76912 TOTAL: 33
FUEL Beginning Level Full Gallons Added —

START TIME: 8:45 RETURN TIME: 1:15 TOTAL Hrs. 4 Min. 30

INSTRUCTIONS: RETURN @ 1:30

DRIVER COMMENTS GOT BACK EARLY- SO I did my full Afternoon run

M. Carpenter 5-23-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 28/11 Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____ TRIP # _____

450 ✓
532

0-4/26/13 RECEIVED

TROY SCHOOL DISTRICT

APR 24 2013 FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy & Athens GRADE/GROUP Special Ed
DAY Thursday DATE May 23, 2013 # OF STUDENTS 25 ADULTS 3
DESTINATION Oakland Community College
ADDRESS Auburn Hills

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
EDUCATIONAL PURPOSE Campus Tour / Disability Resource Center
EXACT TYPE OF TRANSPORTATION PLANNED TSD School bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY

AHS - 8:45 am a.m. Depart school
THS 9:00 am a.m. Arrive destination
9:30 p.m. Arrive school 1:00 p.m. Depart destination 1:30 p.m. Arrive school

Students' supervision during trip by Teachers

Number of trips your group has made this year - none -

Where - Annila R Gannon

APPLICANT'S SIGNATURE (Signature guaranteed) Annila R Gannon DATE 4/22/13

PRINCIPAL'S SIGNATURE M CARPENTER DATE

MIDDLE SCHOOL APPROVAL (NEEDED, PLEASE COMPLETE THE FOLLOWING)
AVAILABILITY BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER
TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE
ACCOUNT NUMBER

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS DATE

IMPORTANT INSTRUCTIONS: CHARGE Cost to #122-885-271-3941-00-4230

- 1 All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2 Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3 if, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
4 Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5 Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #				
2609		\$121.15			2609-002242				
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #			
Hill/Morse Special Ed.		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1			
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Hill Elementary 4400 Livernois Troy, MI 48098				533883		533883			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Hill & Morse Special Ed to Troy White Castle	2609-41210	May. 21, 2013	May. 21, 2013		2.50	\$48.46	1.00	\$121.15

SUB TOTAL: \$121.15
AMOUNT PAID: \$0.00
AMOUNT DUE: \$121.15

*170 885-271-3941-00-4 230
 @ Mac*

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$121.15

AMOUNT PAID:

INVOICE NUMBER: 2609-002242

CUSTOMER NUMBER: 533883

EBRANCH NUMBER: 533883

LOCATION CODE: 22609

COMPANY NAME: Hill/Morse Special Ed.

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: T RECCHIA 24 24
REG BUS # TRIP BUS #

LOAD TIME: 9.45 / 10.00

FROM: MORSE / HILL TO TROY WHITE CASTLE

TEAM / GROUP ADD SPEC ED

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 89045
Beginning 89035
TOTAL: 10

FUEL
Beginning Level 3/4
Gallons Added 12

START TIME: 9:30 AM

TOTAL

RETURN TIME: 12:00 PM

Hrs. 2 Min. 30

INSTRUCTIONS: RETURN 12:00
4 harness hook-ups

DRIVER COMMENTS _____

Tony Recchia
DRIVER SIGNATURE 5/21/13
DATE

COACH / TEACHER COMMENTS: _____

Juan You
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

11:45
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 17/1

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

2.50 ✓

2.50

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Morse Ele./Hill Ele./Autism Programs GRADE/GROUP ASD classes
 DAY 21st DATE May 21st 2013 # OF STUDENTS 9 ADULTS 8
 DESTINATION Troy White Castle (4 Harnesses for the bus)
 ADDRESS 2930 John R. Rd. Troy
 No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes -

EDUCATIONAL PURPOSE Community Involvement, Lunch in a Rest.

EXACT TYPE OF TRANSPORTATION PLANNED TSD Bus -

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 9:45/10:00 a.m. Depart destination 11:35-11:45 a.m.
p.m. p.m.

Arrive destination 10:15 a.m. Arrive school 12:00 a.m.
p.m. p.m.

Students' supervision during trip by ASD Teachers/Support Staff - Brigitte Garner Sarah Young Teachers

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE Sarah Young DATE 5-9-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE 5/9/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 mile DATE 5/9/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading/unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$96.92	2609-002243

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy Union Elementary		May 24, 2013	May 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	Ebranch NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533889	533889
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Union 4th grade to TSD Service Bldg.	2609-41210	May 23, 2013	May 23, 2013		2.00	\$48.46	1.00	\$96.92

SUB TOTAL: \$96.92
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$96.92

700-005-199-3930-00-5000

D. Dan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$96.92
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002243
 CUSTOMER NUMBER: 533889
 EBRANCH NUMBER: 533889
 LOCATION CODE: 22609
 COMPANY NAME: Troy Union Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: F Dennis REG BUS # 45 TRIP BUS # 45

LOAD TIME: 11:50

FROM: Troy Union TO TSD Service Blog

TEAM / GROUP 492

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 92384
Beginning 92380
TOTAL: 4

FUEL Beginning Level 1/2
Gallons Added 0

START TIME: 11:35

TOTAL

RETURN TIME: 12:20

Hrs. 1 Min. 45

INSTRUCTIONS: Drop

DRIVER COMMENTS

Frances Dennis
DRIVER SIGNATURE

5/23/13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

69/1

Reg. Hrs. _____

O.T. Hrs. _____

* Valid Meal Receipt _____

Employee ID # _____

TRIP # 28

75 ✓
200
D&R

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: M DOHAMSH

REG BUS # _____ TRIP BUS # _____

LOAD TIME: 2:00

FROM: TSD SERVICE BLDG TO TROY UNION

TEAM / GROUP 4#

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____

FUEL Beginning Level _____

Beginning _____

Gallons Added _____

TOTAL: _____

START TIME: 2:00

TOTAL

RETURN TIME: 2:30

Hrs. _____ Min. 30

INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/23/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

69/1

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL TROY UNION GRADE/GROUP 4TH GRADE
DAY THURSDAY DATE MAY 23 # OF STUDENTS 63 ADULTS 3
DESTINATION SERVICES BUILDING - DISABILITIES WORKSHOP
ADDRESS 4420 LIVERNOIS ROAD TROY
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION
FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION YES
EDUCATIONAL PURPOSE YES

EXACT TYPE OF TRANSPORTATION PLANNED DISTRICT SCHOOL BUSES

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY N/A

Depart school 11:50 a.m. Depart destination 2:00 p.m.

Arrive destination 12:00 a.m. Arrive school 2:10 p.m.

Students' supervision during trip by TEACHERS & PARENT VOLUNTEERS

Number of trips your group has made this year ONE

Where LANSING - STATE CAPITAL AND HISTORIC MUSEUM

APPLICANT'S SIGNATURE Jodi Penttinen DATE 3/13/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER 101 005 111 1001 00 5110

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE _____

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

White: Central Office

Green: Substitute Office

Canary: Transportation

Pink: Building Principal

Gold: Applicant



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$64.45	2609-002244

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Baseball		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	Ebranch NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy FR Baseball to Rochester - Drop	2609-41210	May. 21, 2013	May. 21, 2013		1.33	\$48.46	1.00	\$64.45

SUB TOTAL: \$64.45
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$64.45

R. Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$64.45

AMOUNT PAID:

INVOICE NUMBER: 2609-002244
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Baseball
 BRANCH PHONE: (248) 823-4054

In case of emergency please call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER R. Duno 61
LOAD TIME: 2:45 REG BUS # TRIP BUS #

FROM: Troy TO Roch ~~Atlanta~~
TEAM / GROUP F. Baseball

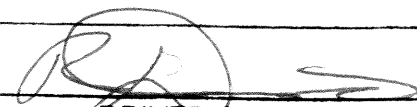
TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 87371 FUEL
Beginning 87350 Beginning Level 3/4
TOTAL: 21 Gallons Added 0

START TIME: 2:30 TOTAL
RETURN TIME: 3:50 Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

 5/21/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 _____ 

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 133 ✓
★ Reg. Hrs. _____
O.T. Hrs _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$52.34	2609-002245

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS Girls LaCrosse		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	Ebranch NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls JV/V LaCrosse to Seaholm - Drop	2609-41210	May. 21, 2013	May. 21, 2013		1.08	\$48.46	1.00	\$52.34

SUB TOTAL: \$52.34
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$52.34

R. W. A.

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$52.34
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002245
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS Girls LaCrosse
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: ~~5/21/13~~ 5/21/13

DRIVER: R. BURCH REG BUS # 7 TRIP BUS # 601

LOAD TIME: ~~4:15~~ 6:30 40

FROM: Troy TO BIRMINGHAM - SEAHOLM

TEAM / GROUP JV/V LAX

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 87387
Beginning 87371
TOTAL: 26

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 3:50
RETURN TIME: 4:55



TOTAL Hrs. 1 Min. 05

INSTRUCTIONS: w/c drop

DRIVER COMMENTS

[Signature] DRIVER SIGNATURE DATE 5/21/13

COACH / TEACHER COMMENTS:

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 36

108 ✓
108 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$145.38	2609-002246

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy High School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Troy School District 4400 Livernois Troy, MI 48098		533809		533809	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy FR Soccer to Seaholm - Drop	2609-41210	May. 20, 2013	May. 20, 2013		1.33	\$48.46	1.00	\$64.45
2	Troy JV/V Soccer to Avondale - Drop	2609-41210	May. 23, 2013	May. 23, 2013		1.67	\$48.46	1.00	\$80.93

SUB TOTAL: \$145.38
AMOUNT PAID: \$0.00
AMOUNT DUE: \$145.38

D. Mac

Please detach this part, and return this portion with your prepayment to:



AMOUNT DUE: \$145.38

AMOUNT PAID:

Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE NUMBER: 2609-002246
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
 Supervisor (CP) 248-840-6993
 Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
 6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5-20-13

DRIVER D Weishaar REG BUS # S/B TRIP BUS # 61
 LOAD TIME: 3:45 pm
 FROM: Troy TO Seaholm
 TEAM / GROUP Fr 6 Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - **ATHLETIC**

MILEAGE: Ending 87327 Beginning 87297 TOTAL: _____
 FUEL Beginning Level Full Gallons Added 0

START TIME: 3:30 RETURN TIME: 4:50 TOTAL Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Doreen Weishaar
 DRIVER SIGNATURE DATE 5-20-13

COACH / TEACHER COMMENTS: _____

Amanda Baffle _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
 O.T. Hrs. _____
 Valid Meal Receipt _____
 Employee ID # _____
 TRIP # _____

133 ✓
133

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/23/13

DRIVER: J. Lazar S/B 5
REG BUS # TRIP BUS #

LOAD TIME: 3:45

FROM: Troy TO AVONDALE

TEAM / GROUP GIRLS JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 82974
Beginning 82960
TOTAL: 14

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 9:30 3:45

TOTAL

RETURN TIME: 5:10

Hrs. _____ Min. _____


INSTRUCTIONS: Drop


DRIVER COMMENTS _____

DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS: _____

 Frank Thomas
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 4:45
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

1007 ✓
1007 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$88.68	2609-002247

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy High School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy V Softball to West Bloomfield - Drop	2609-41210	May. 22, 2013	May. 22, 2013		1.83	\$48.46	1.00	\$88.68

SUB TOTAL: \$88.68
AMOUNT PAID: \$0.00
AMOUNT DUE: \$88.68

R. W. W.

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$88.68
AMOUNT PAID:
 INVOICE NUMBER: 2609-002247
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/22/13

DRIVER: J. Lazar REG BUS # TRIP BUS # 16

LOAD TIME: 2:45

FROM: Troy TO W. BLOOMFIELD H.S.

TEAM / GROUP V SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 74598
Beginning 74582
TOTAL: 16

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:15

TOTAL
Hrs. 1 Min. 50


RETURN TIME: 4:05


INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Joh Lazar 5-22-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 J. Lazar
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

183 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$141.50	2609-002248

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens High School		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens JV/V Baseball to Royal Oak - Drop	2609-41210	May. 20, 2013	May. 20, 2013	<input type="checkbox"/>	1.00	\$48.46	1.00	\$48.46
2	Athens Fr Baseball to Oakland Christian - Drop	2609-41210	May. 21, 2013	May. 21, 2013	<input type="checkbox"/>	1.17	\$48.46	1.00	\$56.70
3	Athens FR Baseball to Troy - Drop	2609-41210	May. 22, 2013	May. 22, 2013	<input type="checkbox"/>	0.75	\$48.46	1.00	\$36.34

SUB TOTAL: \$141.50
AMOUNT PAID: \$0.00
AMOUNT DUE: \$141.50

D. W. A. C.

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$141.50
AMOUNT PAID:
 INVOICE NUMBER: 2609-002248
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/20/13

DRIVER: M. Johnson REG BUS # _____ TRIP BUS # 5

LOAD TIME: 3:00

FROM: ATHENS TO ROYAL OAK H.S.

TEAM / GROUP JV/V B'BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 300
Beginning 400
TOTAL: 100

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:06

TOTAL

RETURN TIME: 4:06

Hrs. 1 Min. _____


INSTRUCTIONS: DROP

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

5/20/13
DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

LOW
110

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/21/13

DRIVER: J. Parker REG BUS # 59 TRIP BUS # 59

LOAD TIME: 3:15

FROM: ATHENS TO OAKLAND CHRISTIAN HS

TEAM / GROUP FR B'BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 59067
Beginning 59035
TOTAL: 32

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00

TOTAL
Hrs. 1 Min. 10


RETURN TIME: 4:10

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Jordan Parks
DRIVER SIGNATURE DATE 5-21-13

COACH / TEACHER COMMENTS: _____

 J. Parker
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: *

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

117 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/22/13

DRIVER: P. Scott 113 112
REG BUS # TRIP BUS #

LOAD TIME: 3:15 3:30

FROM: ATHENS TO Troy

TEAM / GROUP FR B'BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 150743 FUEL Beginning Level F
Beginning 150731 Gallons Added 0
TOTAL: 12 mil

START TIME: 3:15 PM TOTAL
RETURN TIME: 4:00 Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Patricia Scott 5/22/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$135.68	2609-002249

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS Soccer		May. 24, 2013	May. 24, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	E BRANCH NUMBER
Troy School District 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens JV/V Soccer to Avondale - Drop	2609-41210	May. 20, 2013	May. 20, 2013	<input type="checkbox"/> <input type="checkbox"/>	1.05	\$48.46	1.00	\$50.88
2	Athens FR Soccer to Rochester Adams - Drop	2609-41210	May. 22, 2013	May. 22, 2013	<input type="checkbox"/> <input type="checkbox"/>	1.75	\$48.46	1.00	\$84.80

SUB TOTAL: \$135.68
AMOUNT PAID: \$0.00

AMOUNT DUE: \$135.68

D. Man

Please detach this part, and return this portion with your prepayment to:



AMOUNT DUE: \$135.68

AMOUNT PAID:

Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE NUMBER: 2609-002249
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/20/13

DRIVER: A. Schell REG BUS # 42 TRIP BUS # 42

LOAD TIME: 4:00

FROM: ATHENS TO AVONDALE HS

TEAM / GROUP GIRLS JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 54873
Beginning 54855
TOTAL: 19

FUEL Beginning Level Full
Gallons Added _____

START TIME: 4:00

RETURN TIME: 5:03


TOTAL Hrs. 1 Hr Min. 3 min

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] DRIVER SIGNATURE DATE 5/20/13

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

1054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/22/13

DRIVER: C Burch REG BUS # 7 TRIP BUS # 7

LOAD TIME: 5:45

FROM: ATHENS TO ADAMS - ROCHESTER

TEAM / GROUP GIRLS FR SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 69,924
Beginning 69,896
TOTAL: _____

FUEL
Beginning Level N/A
Gallons Added _____

START TIME: 5:25 PM
RETURN TIME: 7:10 PM



TOTAL
Hrs. 1 Min. 45

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C.B. 5/22/2013
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 _____  6:39 PM
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 13

1750
175



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER Athens HS Softball		PURCHASE ORDER	INVOICE DATE May. 24, 2013	PRINTED DATE May. 24, 2013	ORIG PRINTED	PAY CODE N/A	INVOICE # 2609-002250		
BILL TO: Troy School District 4400 Livernois Troy, MI 48098			CUSTOMER NUMBER 533815		EBRANCH NUMBER 533815				
COMMENTS Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens JV/V Softball to Rochester - Drop	2609-41210	May. 22, 2013	May. 22, 2013	<input type="checkbox"/>	1.33	\$48.46	1.00	\$64.45

SUB TOTAL: \$64.45
AMOUNT PAID: \$0.00
AMOUNT DUE: \$64.45

Q adan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$64.45

AMOUNT PAID:

INVOICE NUMBER: 2609-002250

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS Softball

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 5/22/13

DRIVER: M. Johnson S/A 53
REG BUS # TRIP BUS #

LOAD TIME: 2:45

FROM: ATHENS TO ROCHESTER H.S.

TEAM / GROUP GIRLS JV/V SOFTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____
Beginning _____ Gallons Added _____
TOTAL: _____



START TIME: 2:30 TOTAL
RETURN TIME: 3:50 Hrs. 1 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE 5/22/13
DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
* O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

133 ✓
133

1.0 OVERVIEW – SCHOOL DISTRICT PROFILE

Troy Schools is accepting firm, sealed proposals for Pupil Transportation Services to commence during the 2014-15 school year through June 30, 2017, which may be renewed annually each fiscal year thereafter through June 30, 2019.

This RFP is intended to establish a contractual relationship with an experienced and qualified Pupil Transportation Services to provide complete transportation and maintenance services to the School District in the most efficient and cost-effective manner possible while, at the same time, maintaining the highest level of safety and reliability.

Proposers shall meet all regulatory laws, codes, and requirements of Local, State, and Federal law that apply to Michigan public school districts and transportation services, including, but not limited to, the Michigan Revised School Code (MCL 380.1 *et seq.*) and the Pupil Transportation Act (MCL 257.1801 *et seq.*).

TROY SCHOOL DISTRICT & BUS OPERATIONS

- Schools
 - Elementary..... 12
 - Middle..... 4
 - High School..... 2
 - Alternative High Schools/Vocational Schools..... 4
- Students/Staff
 - 2013/14.....12,160
 - Students Transported Daily.....7,559
 - Projected increase/decrease in future enrollment.....+/- 50
- Vehicular Assets
 - Buses.....74
 - Support Vehicles.....1
- Routing Software.....VersaTran
- GPS System.....On All Buses
- Video Surveillance System..... On All Buses

- Mileage Data
 - General Education.....392,998 miles
 - Special Education.....300,784 miles
 - Extra-Curricular/Field Trips.....21,500 miles
 - Summer Routes.....21,666 miles
- Number of Drivers71 (8 stand-by on site daily)
- Number of Bus Aides Drivers6
- Daily Routes54
- Average Midday Routes12
- Shuttles.....3
- Transportation for Non-public Schools Students.....6

2.0 SCOPE OF SERVICES

The successful Proposer (hereinafter also referred to as the “Contractor”) shall provide services for:

- 2.1 Safe and reliable, on-time delivery of general education and special education students to and from school on a daily basis within School District defined parameters.
- 2.2 Efficient routing of all regular education, special education and other transportation needs of the School District, including but not limited to extra- curricular routes and field trips, as outlined in the Contract. The Contractor may alter any of the existing routes of the School District, so long as all routes conform to all federal and state laws, as well as policies of the School District and all routes are approved by the School District prior to implementation. The School District will retain a Transportation Liaison and a Bus Routing Coordinator to facilitate administration of the Contract and communication between the School District and the Contractor.
- 2.3 Maintenance of the buses and transportation fleet. The Contractor will utilize four certified mechanics and one utility individual to maintain the buses and transportation fleet of the School District; see attached 2013-2014 Vehicle Listing, attachment A.
- 2.4 The operation of the transportation maintenance facility, including any and all utilities supplied to the facility. It is contemplated by this RFP that the School District’s maintenance facility will be available for the Contractor to lease for the term of the Contract under the form of industry standard lease agreement. It is intended that the maintenance facility will be maintained by the Contractor to provide all maintenance for the fleet, as well as general fleet storage. The Contractor shall be responsible for all maintenance, grounds, operating costs, utilities, janitorial, and non-capital expenditures reasonably required by any such facility. The District will be responsible only for capital expenditures.

- 2.5 The selection, evaluation, training and compensation of transportation employees, including all necessary drivers, bus aides, supervision and clerical personnel.
- 2.6 Student discipline in cooperation with the School District, and as mandated by, School District Policy, as the same may be amended from time to time by the Board of Education of the School District.
- 2.7 Effective communication with the School District including, but not limited to, the School District administration and Board of Education, bus drivers, bus aides, mechanics, transportation secretaries and with parents, students and the community.
- 2.8 Continuous analysis of the transportation operations of the School District in order to effectively manage costs, while maintaining service levels in accordance with School District policy and safety protocol. The Contract shall identify and implement operational efficiencies that will lead to cost reductions in the School District's Transportation Services.

3.0 PROPOSAL REQUIREMENTS

This outlines the information that must be provided by the Proposer and the required format for the Proposal. Any Proposal not providing the required information, or not conforming to the format specified, may be disqualified.

Proposals must demonstrate an understanding of the scope of work and the ability to accomplish the tasks set forth herein and must include information that will enable the School District to determine the Proposer's overall qualifications. Each Proposal shall also include any other information that the Proposer feels is significant with respect to the School District making an informed decision relative to the Proposal.

Any exceptions to the terms and conditions contained in this RFP or any other special considerations or conditions requested or required by the Proposer **MUST** be specifically enumerated by the Proposer and be submitted as part of its Proposal, together with an explanation as to the reason such terms and conditions cannot be met. Each Proposer shall be required and expected to meet the RFP requirements in their entirety, except to the extent exceptions are expressly noted in its Proposal. All Pricing factors must be clearly indicated in the Proposer's Proposal Forms provided as part of its Proposal.

3.1 PROPOSAL FORMAT

- Proposers must provide information, which will serve as an introduction of your company on business letterhead.
- Proposers must provide background and qualifications of the personnel who will be involved with the School District. Describe the chain of command and reporting relationships. Include a proposed organization chart. This organization chart must reference where a School District liaison would be placed.

- Proposers must provide detailed evidence that they are currently providing pupil transportation management services for other K-12 school districts. This should include school districts of similar size and scope as the School District.
- Describe any other similar public K-12 school districts in which your company has contracted to provide pupil transportation management services.
- Proposers must provide detailed evidence of on-site, in district state-of-the-art computerized routing management experience and staffing that includes all facets of pupil transportation management and routing, and boundary planning.
- Proposers must show evidence of successfully implementing and maintaining contemporary computer routing software programs. Include a description of qualifications for “in-house” staff dedicated to this critical area.
- Proposers must provide evidence of resources available for research and development needed to keep abreast of the changing technologies in pupil transportation management.
- Proposers must fully describe, and provide evidence and scope of, their formalized in-service training and educational programs for all employees, including staff, drivers and mechanics.
- Technical capability – Proposers must provide evidence of all aspects of their transportation management capabilities. These should include human resources services, computer systems and capabilities, training programs for management and non-management personnel.
- Proposers must provide a Bid Bond in the amount equal to 5% of the 1st year total amount of the Contract.
- Proposers shall provide evidence of ability to provide adequate insurance coverage to protect the interests of themselves and the School District. Proposer must provide evidence of insurance in the amounts as listed in item 5.22.
- Proposers shall provide documentation of sufficient financial resources to provide management services for a School District of this size and complexity.
- Proposers shall meet all regulatory laws, codes, and requirements of Local, State, and Federal law that apply to Michigan public school districts and transportation services, including, but not limited to, the Michigan Revised School Code (MCL 380.1 *et seq.*) and the Pupil Transportation Act (MCL 257.1801 *et seq.*).
- Proposer must describe any other resources to be provided by your company, not listed above, which would result in a safe and efficient pupil transportation system.

- References – Proposers must provide K-12 Public school references, including contact name, address, phone number, fleet size, and scope of services.
- List all litigation or regulatory proceedings, for the past five years, within the State of Michigan, or if more than 85% of the Proposer’s pupil transportation contracts are performed outside the State of Michigan, the State(s) where 85% or more of the Proposer’s pupil transportation contracts are performed. These litigation and regulatory proceedings are to be limited to contract disputes and negligence actions for: (i) school districts in which the Proposer has been a party providing any type of pupil transportation services; (ii) supplies, equipment or services of the type which are the subject of the proposed Contract; (iii) non-compliance of the Proposer’s supplies, equipment and services or the Proposer’s working conditions and employment practices with the Occupational Safety and Health Act and other applicable state and federal requirements; or (iv) any suits whereby an employee of the Proposer was found to have mistreated pupils in any manner. Therefore, it is contemplated under this RFP that workers’ compensation and unemployment proceedings are not to be deemed part of this requirement.
- Proposers must include with their Proposal an audited financial report for the three (3) most recent fiscal years.
- Proposers must complete the Proposal Forms provided herein.

3.2 PROOF OF QUALIFICATIONS

The School District will ensure compliance with the above by checking references listed in the Proposals, and conducting on-site visitation as deemed necessary by the School District, as well as other sources.

It must be understood that this RFP provides for the selection of a professional company to provide pupil transportation management services, including any applicable extracurricular activity and field trip transportation, for all regular education and special education students within the School District. Contractor shall be free to hire those individuals which it deems to be best qualified, in its sole discretion. Contract shall be responsible for background checks and will attest that all proposed staff as having a clean criminal background check and not listed on any sex offender registry.

All experienced and qualified Proposers are requested to submit a Proposal based on its experience and capabilities. The School District will select the Proposer(s), if any, deemed to serve the best interests of the School District to proceed with the negotiation process. The School District, in its sole discretion, reserves the right to request post-Proposal interviews from all, some or none of the Proposers.

4.0 SCHOOL DISTRICT OPERATIONAL INFORMATION

The School District operates its transportation services in accordance with all applicable federal, state and local laws, rules, regulations and ordinances, as well as the School District's Board of Education Policy and Procedures, obtain a copy at http://www.troy.k12.mi.us/pages/Troy_School_District. From the main page click the Board of Education tab and open the Board of Education Policies. Enter Chapter E and scroll down to find E-1200, School Transportation Program; E1201 Legal Status through E-1207 District Vehicle Safety Maintenance. Also, Chapters 3 and 4, under the Code of Student Conduct govern the District's Transportation Policies and Procedures.

The School District covers approximately thirty-six (36) square miles and is located in the City of Troy, Oakland County, Michigan. As set forth in Section 1.0 above, the School District provides Daily Transportation Services for approximately 7,559 students to and from school, operating fifty-four (54) daily routes. Additionally, the School District operates mid-day runs, as well as, shuttles daily for its general education students. The School District operates various special education transportation routes. The School District also currently provides transportation for various extra-curricular/field trips as requested by the individual school buildings of the School District, as well as many transportation routes for the various clubs, groups and athletic teams of the School District.

4.1 BUS ROUTING

- **General Education Daily Routing:** The School District generally operated 179 day per year a total of thirty one (31) daily transportation routes, with various start times for regular education students; see attached 2013-2014 School Times, attachment B and attached 2013-2014 General Education Bus Runs, attachment C.
- **Special Education Daily Routing:** The School District operates a total of twenty-three (23) daily transportation routes for special education students. The special education routes are generally operated 179 day per year; however some special education routes are operated longer. Most of the special education routes travel outside the School District's boundaries to transport Students to Oakland County center programs; see attached 2013-2014 Special Education Bus Runs, attachment D.
- **Mid-Day Routing and Shuttles:** The School District operates on average twelve (12) mid-day routes. Generally, these mid-day routes are incorporated into the various buses/routes that operate the normal AM/PM routes.
- **Full-Year and Summer Routing:** The School District operates eighteen (18) daily routes during the summer for a total of 21,666 miles/summer which are separate and distinct from any special education routes that are operated during

the summer/full-year; see attached 2013-2014 Full-Year Bus Runs, attachment E and attached 2013-2014 Summer Bus Runs, attachment F.

- **Extra Curricular/Athletic Routes:** The School District provides transportation for its various school buildings, clubs, student organizations and athletic teams to and from various events, field trips and athletic contests throughout the year. During the 2012-2013 school year, the School District operated 1,204 field trips (during the school day) and 750 late activity/athletic trips (after normal school hours) for an approximate total of 21,500 miles/year.
- **Vocational and Other Routes:** The School District operates two (2) vocational routes per year. These vocational routes are part of the regular daily transportation routes. These routes transport students to the Oakland County Intermediate School District Technical Center programs. The School District also transports six (6) non-public school students daily. These non-public school students are transported on a dedicated afternoon take-home route.

4.2 SCHOOL DISTRICT TRANSPORTATION FLEET

- **Buses:** The School District maintains and operates seventy-four (74) buses. The School District owns all of the buses. It is the intent of this RFP that the School District will retain ownership of all buses used to provide the Transportation Services; see attached 2013-2014 Vehicle Listing, attachment A.
- **Bus Specifications and Equipment:** All buses currently used by the School District to provide the its transportation services are operated, equipped and maintained in strict compliance with all applicable federal, state and local laws, rules and regulations, including but not limited to the Michigan Pupil Transportation Act, as well as all School District Board of Education policies, procedures, rules and regulations and the successful Proposer must continue compliance.
- **Other Transportation Vehicles:** The School District maintains one (1) other vehicle which is used for the School District's transportation operations. This vehicle is a 2003 Ford F450, with a van body, service vehicle.
- **Fuel:** The School District maintains a 15,000 gallon double-walled fiberglass diesel fuel storage tank. The tank was installed in August of 2008. This tank meets all Michigan Department of Environmental Quality ("MDEQ") guidelines. The School District will continue to provide and pay for fuel necessary for the School District's transportation operations. Fuel may only be used for the School District's operations. The School District currently utilizes a "card" system to track fuel usage. The School District will require the Contractor to continue to utilize this "card" system, at no cost to the Contractor.

4.3 SCHOOL DISTRICT TRANSPORTATION FACILITY

- **General Facility Information:** The School District owns and operates a transportation facility located at 120 Hart Street, Troy, MI 48098 (the “Facility”). The Facility also includes a “stand alone” auxiliary building which houses the “bus wash.” The Facility includes a transportation maintenance garage, bus parking area, and space for an office and driver’s lounge. The School District will allow the successful Proposer to lease the Facility from the School District for \$1.00 per year in order to provide the transportation and maintenance services contemplated hereunder. The successful Proposer will be responsible for all maintenance and janitorial services relative to the Facility, however, the School District will be responsible for all capital expenses.
- **Facility Amenities and Equipment:** The Facility contains the following large tools and equipment: arc welder, press, brake lathe, bus lifts and a bus wash station. Also, the Facility office has the following office equipment which would be available to the successful Proposer: facsimile machine, desk top computers, copiers and a time/attendance machine.

5.0 GENERAL TERMS AND CONDITIONS

Firm, sealed proposals, one original and four copies, will be received by the Purchasing Department, Troy Schools, Pupil Transportation Services, for Troy Public School District, in accordance with the attached specifications.

5.1 RECEIPT OF PROPOSALS

Proposals will be submitted only on the forms provided and/or under separate cover as specified, and will be enclosed in a sealed envelope marked with the name of the Vendor, the title of the work, the time, place and date due and must be delivered to: Purchasing Department, Troy School District, 1140 Rankin, Troy, Michigan 48083, no later than 1 p.m., Tuesday, February 11, 2014, at which time all proposals will be publicly opened and read aloud immediately thereafter. Proposals received after this time will not be considered or accepted. Oral, telephone, fax or electronic mail proposals are invalid and will not receive consideration.

5.2 PRE-PROPOSAL CONFERENCE

A pre-proposal conference has been scheduled for 10:00 a.m., Thursday, January 30, 2014, in the Transportation Office, located at 120 Hart Road, Troy, Michigan 48098. All questions regarding the services specified, or the RFP terms and conditions will be accepted in writing ONLY and subsequently answered through an addendum to all interested parties. Any questions must be received no later than noon, Monday, February 3, 2014, at no other time prior to the RFP opening will questions/concerns be addressed or accepted and may be faxed to: 248.823.4077, or emailed as a Word document to: PurchasingOffice@troy.k12.mi.us.

5.3 TIMELINE

The District anticipates the following timeline and is prepared to exercise flexibility for the purpose of finding the right fit with a qualified Vendor or for other purposes deemed to result in added value to the Pupil Transportation Services:

RFP Released	Monday, January 27, 2014
Pre-proposal Conference	Thursday, January 30, 2014 @ 10:00 a.m.
Proposals Due	Tuesday, February 11, 2014 @ 1:00 p.m.
Interviews	Week of February 17 - February 21, 2014
Board Presentation & Review	Tuesday, March 4, 2014
Recommendation & Award	Tuesday, March 18, 2014

5.4 FAMILIAL RELATIONSHIP

All Vendors submitting proposals must provide familial disclosure and attach this information to the proposal. The proposal will be accompanied by a sworn and notarized statement disclosing any familial relationship that exists between the owner or key employee of the Vendor submitting a proposal and any member of the Troy Schools Board of Education or the Troy Schools Superintendent. The District will not accept a proposal that does not include this sworn and notarized disclosure statement.

5.5 OWNER EXPECTATIONS

The Owner is seeking a Vendor with experience in providing similar consulting services to other educational institutions. It is anticipated that the selected Vendor will have extensive experience.

5.6 PROPOSALS

All blank portions of the proposal must be filled in. Each submitted proposal must include the legal name of the Vendor and will be signed by the person(s) legally authorized to bind the Vendor to a contract. If proposals are submitted by an agent, satisfactory evidence of agency authority is required.

5.7 ORAL PRESENTATIONS

Certain selected Vendors who submit proposals may be required to make an oral presentation of their proposal to the Owner. These presentations provide an opportunity for the selected Vendors to clarify their written proposals and for the Owner to obtain additional information. It is expected that Vendors will bring key staff who will work on the project to the presentations.

5.8 CONFIDENTIAL INFORMATION

As a public entity, the District is subject to the Michigan Freedom of Information Act (FOIA). Information contained in proposals may be subject to FOIA requests.

5.9 COMPLIANCE OF AWARDED VENDOR

Vendor agrees to comply with all federal, state, and local laws, rules, regulations, executive orders, and ordinances that may be applicable to the Vendor's performance of its obligations under this contract. Prior to the issuance of a purchase order authorizing commencement of this project, and in all cases before beginning work under the contract, the awarded Vendor will provide to Troy Schools adequate insurance per the requirements stated under Item 5.22.

5.10 RIGHT TO REQUEST ADDITIONAL INFORMATION

The Owner reserves the right to request any additional information that might be deemed necessary after the completion of this document.

5.11 RIGHT OF REFUSAL

The Board of Education reserves the right to accept or reject any or all proposals, in whole or in part; to award to other than the low Vendor; to waive any irregularities and/or informalities; and, in general, to make awards in any manner deemed to be in the best interests of the owner.

5.12 COSTS

The Vendor is responsible for any and all costs incurred by the Vendor or his/her subcontractors in responding to this request for proposal. Fees quoted must remain firm throughout this project except for changes in scope. All scope changes must be approved in writing in advance of the Vendor performing the work. Fees quoted must include all expenses for this project.

5.13 FEDERAL OR STATE SALES, EXCISE, OR USE TAXES

Troy School District is a tax-exempt entity for all purposes except if the project makes enhancements, and/or additions to real property.

5.14 CONTRACT REQUIREMENTS

The Owner considers this RFP legally binding and will require that this Request for Proposal and the resulting Vendor proposal be included as addenda to any subsequent contracts between the Vendor(s) and the Owner. It should be understood by the Vendor(s) that this means that the Owner expects the Vendor(s) to satisfy substantially all requirements and reports listed herein. Exceptions should be explicitly noted in the Vendor proposals. Lack of exceptions listed on the "Exceptions to Specifications" form will be considered acceptance of all of the specifications as presented in this RFP.

5.15 SURVIVAL CLAUSE

All duties and responsibilities of any party that, either expressly or by their nature, extend into the future, shall extend beyond and survive the end of the contract term or cancellation of this Agreement.

5.16 INCORPORATION BY REFERENCE

Parties agree that where there is a conflict between terms of this Agreement and the information presented in the referenced documents, this Agreement shall take precedence. The parties also agree that where there is not a conflict between this Agreement and the information presented in the referenced documents, that all terms, conditions and offers presented in the Vendor's proposal shall herein be referenced to the Agreement and shall be binding upon all parties to the Agreement.

5.17 NON-WAIVER OF AGREEMENT RIGHTS

It is the option of any party to the Agreement to grant extensions or provide flexibilities to the other party in meeting scheduled tasks or responsibilities defined in the Agreement. Under no circumstances, however, shall any parties to the Agreement forfeit or cancel any right presented in the Agreement by

delaying or failing to exercise the right or by not immediately and promptly notifying the other party in the event of a default. In the event that a party to the Agreement waives a right, this does not indicate a waiver of the ability of the party to, at a subsequent time, enforce the right. The payment of funds to the Vendor by Owner should in no way be interpreted as acceptance of the system or the waiver of performance requirements.

5.18 NONDISCRIMINATION BY CONSULTANTS OR AGENTS OF CONSULTANT

Neither the Vendor nor anyone with whom the Vendor shall contract shall discriminate against any person employed or applying for employment concerning the performance of the Vendor responsibilities under this Agreement. This discrimination prohibition shall apply to all matters of initial employment, tenure and terms of employment, or otherwise with respect to any matter directly or indirectly relating to employment concerning race, color, sex, religion, age, national origin, or ancestry. A breach of this covenant may be regarded as a default by the Vendor of this Agreement.

5.19 EFFECT OF REGULATION

Should any local, state, or national regulatory authority having jurisdiction over the Owner enter a valid and enforceable order upon the Owner which has the effect of changing or superseding any term or condition of this Agreement, such order shall be complied with, but only so long as such order remains in effect and only to the extent actually necessary under the law. In such event, this Agreement shall remain in effect, unless the effect of the order is to deprive the Owner of a material part of its Agreement with the Vendor. In the event this order results in depriving the Owner of materials or raising their costs beyond that defined in this Agreement, the Owner shall have the right to rescind all or part of this Agreement (if such a rescission is practical) or to end the Agreement term upon thirty (30) days written prior notice to the Vendor. Should the Agreement be terminated under such circumstances, the Owner shall be absolved of all penalties and financial assessments related to cancellation of the Agreement.

5.20 ASSIGNMENTS

Owner and the Vendor each binds themselves, their partners, successors, and other legal representatives to all covenants, agreements, and obligations contained in this Agreement.

5.21 CONSULTANT AS INDEPENDENT CONTRACTOR

It is expressly agreed that the Vendor is not an agent of Owner but an independent contractor. The Vendor shall not pledge or attempt to pledge the credit of Owner or in any other way attempt to bind the Owner.

5.22 INSURANCE

The Vendor agrees to hold harmless and defend the Owner and its agents, officials and employees from any liability, claim or injury, related to or caused by fault or negligence of Vendor employees. In order to demonstrate this responsibility, the Vendor must have adequate insurance throughout this project as follows:

- A minimum Commercial General Liability limit of \$3,000,000;
- A minimum Umbrella Liability limit of \$3,000,000; and
- Professional Liability insurance coverage with minimum limits of \$3,000,000
- Statutory workers Compensation insurance

5.23 GURANTEE BONDS

Prior to the issuance of a purchase order authorizing commencement of this project, and in all cases before beginning work under the contract, the Vendor (s) selected will qualify for, sign and deliver to the Purchasing Office, an executed performance bond and executed labor and materials payment bond secured by the surety company. Each bond will be in the amount of 100 percent of the contract. Troy Schools requires that the bonding companies be limited to those listed on the U.S. Department of Treasury Circular 570, and must be licensed in the State of Michigan. The U.S. Department of Treasury Circular 570 can be viewed at the following web site: <http://www.fms.treas.gov/c570/c570.html>. Certificates of such insurance and bonds will be filed with the Purchasing Office within five working days of notification of bid award and before any work begins.

5.24 STANDARD FORMS AND CONTRACTS

Any forms and contracts the Vendor (s) proposes to include, as part of any agreement resulting from this RFP between the Vendor (s) and the Owner must be submitted as part of the proposal. Any forms and contracts not submitted as part of the RFP and subsequently presented for inclusion may be rejected. This requirement includes, but is not limited to, the following types of forms: subcontractor, franchise, warranty agreements, maintenance contracts, and support agreements.

5.25 NON-COLLUSION COVENANT

The Vendor hereby represents and agrees that it has in no way entered into any contingent fee arrangement with any firm or person concerning the obtaining of this Agreement. In addition, the Vendor agrees that a duly authorized Vendor representative will sign a non-collusion affidavit, in a form acceptable to the Owner that the Consultant firm has received from Owner no incentive or special payments, or considerations not related to the provision of automation systems and services described in this Agreement.

5.26 ADVERTISEMENT

The laws of the State of Michigan, Owner purchasing policies and the legal advertisement for contractors and purchases, are made a part of any agreement entered into the same respect as if specifically set forth in that agreement.

5.27 SPECIAL NOTES

Failure to include in the proposal all information outlined above may be cause for rejection of the proposal. The Owner reserves the right to accept the Consultant's replacement of any component if it is considered equal or superior to the specifications. Such acceptance will be in writing.

5.28 PAYMENT TERMS

Owner shall pay Consultant progress payments no more than once per month, and only after receiving an invoice.



DUE: 1:00 p.m., Tuesday, February 11, 2014
PROPOSAL: RFP 9769 Pupil Transaction Services
PROPOSAL FORM

We propose to provide Troy Public School District Pupil Transportation Services in accordance with the specifications:

		<u>Cost per Route</u>			<u>Optional Years</u>	
		2014/15	2015/16	2016/17	2017/18	2018/19
General Education Transportation		_____	_____	_____	_____	_____
Special Education Transportation		_____	_____	_____	_____	_____
Midday and Shuttles Transportation		_____	_____	_____	_____	_____
Full Year and Summer Transportation		_____	_____	_____	_____	_____
Vocational Education Transportation		_____	_____	_____	_____	_____
Athletic Routes	Per Hour	_____	_____	_____	_____	_____
	Per Mile	_____	_____	_____	_____	_____
	Minimum	_____	_____	_____	_____	_____
Extra-Curricular	Per Hour	_____	_____	_____	_____	_____
	Per Mile	_____	_____	_____	_____	_____
	Minimum	_____	_____	_____	_____	_____
Field Trips	Per Hour	_____	_____	_____	_____	_____
	Per Mile	_____	_____	_____	_____	_____
	Minimum	_____	_____	_____	_____	_____

BIDDER'S FIRM NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE NUMBER _____ FAX # _____

SIGNED BY _____ TITLE _____

TYPED NAME _____ DATE _____

SWORN AND NOTARIZED FAMILIAL DISCLOSURE STATEMENT

All Vendor/Contractor(s) submitting proposals must provide familial disclosure and attach this information to the proposal. The proposal will be accompanied by a sworn and notarized statement disclosing any familial relationship that exists between the owner or key employee of the vendor submitting a proposal and any member of the Troy School Board or the Troy School Superintendent. The District will not accept a proposal that does not include this sworn and notarized disclosure statement.

The members of Troy School Board are: Nancy Philippart, Todd Miletti, Paula Fleming, Ida Edumunds, Wendy Underwood, Gary Hauff and Karl Schmidt. The Troy Schools Superintendent is Dr. Barbara Fowler.

The following are the familial relationship(s):

	Owner/Employee Name	Related to:	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Attach additional pages if necessary to disclose familial relationships.

There is no familial relationship that exists between the owner or key employee of the Vendor/Contractor(s) submitting a proposal and any member of the Troy School Board, or the Troy Schools Superintendent.

INDIVIDUAL/FIRM NAME _____

BY (SIGNATURE) _____

PRINTED NAME AND TITLE _____

Subscribed and sworn before me, this _____

Seal:

day of _____, 20 ____, a Notary Public

in and for _____ County, _____

(Signature)
NOTARY PUBLIC

My Commission expires _____

CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT
Michigan Public Act No. 517 of 2012

The undersigned, the owner, or authorized officer of the below-named Company, pursuant to the compliance certification requirement provided in Troy School District’s Request For Proposal, the “RFP”, hereby certifies, represents, and warrants that the Company and its officers, directors and employees, is not an “Iran Linked Business” within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the “Act”), and that in the event the Company is awarded a contract by Troy School District as a result of the aforementioned RFP, the Company is not and will not become an “Iran Linked Business” at any time during the course of performing any services under the contract.

The Company further acknowledges that any person who is found to have submitted a false certification is responsible for a civil penalty of not more than \$250,000.00 or two (2) times the amount of the contract or proposed contract for which the false certification was made, whichever is greater, the cost of Troy School District’s investigation, and reasonable attorney fees, in addition to the fine. Moreover, any person who submitted a false certification shall be ineligible to bid on a request for proposal for three (3) years from the date the it is determined that the person has submitted the false certification.

NAME OF COMPANY

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

Acceptance of Proposal

The undersigned agrees to execute a Contract for work covered by this Proposal provided that he is notified of its acceptance within thirty days after the opening of the Proposal.

It is agreed that this bid will not be withdrawn until after forty-five (45) days after receipt of bids.

The undersigned affirms that the bid was developed without any collusion, undertaking, or agreement, either directly or indirectly, with any other bidder(s) to maintain the prices of indicated work or prevent any other bidder(s) from bidding the work.

BIDDER'S FIRM NAME _____

BUSINESS ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

BY (SIGNATURE) _____

PRINTED NAME _____

TITLE _____

SIGNED THIS _____ DAY OF _____, 20 _____

E-MAIL ADDRESS _____

TROY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

2013-2014 VEHICLE LISTING

BUS INVENTORY

YEAR	CHASSIS	BODY	ENG TYPE	TRANS TYPE	BRAKE TYPE
			G/D/CNG	STD/AUTO	HYD/AIR
2001	THOMAS	84 PASS SAF-T-LINER	Cumm ISB Diesel	Allison MD3060	Air
2001	THOMAS	84 PASS SAF-T-LINER	Cumm ISB Diesel	Allison MT643	Air
2001	BLUEBIRD	78 PASS ALL AMERICAN	Cumm ISB Diesel	Allison MT643	Air
2001	BLUEBIRD	78 PASS ALL AMERICAN	Cumm ISB Diesel	Allison MT643	Air
2001	THOMAS	84 PASS SAF-T-LINER	Cumm ISB Diesel	Allison MD3060	Air
2001	BLUEBIRD	78 PASS ALL AMERICAN	Cumm ISB Diesel	Allison MT643	Air
2001	BLUEBIRD	78 PASS ALL AMERICAN	Cumm ISB Diesel	Allison MT643	Air
2001	MVP-ER	84 PASS THOMAS	Cumm ISB Diesel	Allison MD3060	Air
2001	NAVISTAR	25 PASS THOMAS	T-444-E Diesel	Allison 2000	hydra
2001	FREIGHTLINER	47 PASS THOMAS	Cumm ISB Diesel	Allison 2000	Air
2001	NAVISTAR	41 PASS THOMAS	T-444-E Diesel	Allison 2000	hydra
2001	NAVISTAR	41 PASS THOMAS	T-444-E Diesel	Allison 2000	hydra
2002	INTERNATIONAL	78 PASS INTERNATIONAL	DT-466E Diesel	Allison MD3060	Air
2002	INTERNATIONAL	78 PASS INTERNATIONAL	DT-466E Diesel	Allison MD3060	Air
2002	INTERNATIONAL	63 PASS INTERNATIONAL	DT-466E Diesel	Allison MD3060	Air
2002	INTERNATIONAL	30 PASS BLUE BIRD	T-444-E Diesel	Allison 2000	hydra
2002	INTERNATIONAL	30 PASS BLUE BIRD	T-444-E Diesel	Allison 2000	hydra
2002	INTERNATIONAL	24 PASS BLUE BIRD	T-444-E Diesel	Allison 2000	hydra
2003	FREIGHTLINER	36 PASS THOMAS	MBE-4.3 Diesel	Allison 2000	hydra
2004	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2004	INTERNATIONAL	27 PASS BLUEBIRD	T-444-E Diesel	Allison 2000	Hydra
2004	INTERNATIONAL	24 PASS BLUE BIRD	T-444-E Diesel	Allison 2000	hydra
2004	INTERNATIONAL	30 PASS BLUE BIRD	T-444-E Diesel	Allison 2000	hydra
2004	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2004	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2004	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2004	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2004	FREIGHTLINER	36 PASS THOMAS	MBE-4.3 Diesel	Allison 2000	hydra
2004	INTERNATIONAL	27 PASS BLUEBIRD	T-444-E Diesel	Allison 2000	hydra
2004	INTERNATIONAL	24 PASS BLUE BIRD	T-444-E Diesel	Allison 2000	hydra
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2005	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2006	INTERNATIONAL	16 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2006	INTERNATIONAL	16 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2006	INTERNATIONAL	16 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2006	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2006	BLUEBIRD	78 PASS BLUEBIRD	Cumm-C Diesel	Allison 3000PTS	Air
2006	INTERNATIONAL	30 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2006	INTERNATIONAL	30 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2006	INTERNATIONAL	36 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power

Attachment A

**TROY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

2013-2014 VEHICLE LISTING

BUS INVENTORY

YEAR	CHASSIS	BODY	ENG TYPE	TRANS TYPE	BRAKE TYPE
			G/D/CNG	STD/AUTO	HYD/AIR
2007	INTERNATIONAL	33 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Air
2007	INTERNATIONAL	30 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2007	INTERNATIONAL	18 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2007	INTERNATIONAL	18 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2007	INTERNATIONAL	36 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Hydra full power
2007	INTERNATIONAL	36 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Air
2007	INTERNATIONAL	33 PASS INTERNATIONAL	VT 365 Diesel	Allison 2500 PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2008	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	BLUEBIRD	77 PASS BLUEBIRD	Cumm ISB Diesel	Allison 3000PTS	Air
2009	INTERNATIONAL	13 PASS INTERNATIONAL	DT-466E Diesel	Allison 2500 PTS	Air
2009	INTERNATIONAL	13 PASS INTERNATIONAL	DT-466E Diesel	Allison 2500 PTS	Air
2009	INTERNATIONAL	30 PASS INTERNATIONAL	DT-466E Diesel	Allison 2500 PTS	Air
2009	INTERNATIONAL	30 PASS INTERNATIONAL	DT-466E Diesel	Allison 2500 PTS	Air

Attachment B

Troy School District 2013-2014 School Times

Troy and Athens High Schools

Full day: 7:20 a.m. - 2:04 p.m.
First day of school: 7:20 a.m. - 10:32 a.m.
All other half days: 7:20 a.m. - 10:36 a.m.

International Academy East

Full day: 7:45 a.m. - 2:35 p.m.

Niles Community High School

Monday-Thursdays: 7:35 a.m. - 2:40 p.m.
Fridays: 7:35 a.m. - 12:20 p.m.

Boulan/Larson

Early

7:55 a.m. – 2:32 p.m.
7:55 a.m. – 11:12 a.m.
7:55 a.m. – 11:08 a.m.

Middle Schools

Full Day
First Day of School
All other half days

Baker/Smith

Late

8:20 a.m. – 2:57 p.m.
8:20 a.m. – 11:37 a.m.
8:20 a.m. – 11:33 a.m.

Bemis, Hill, Martell, Troy Union, Wass and Wattles

Elementary Schools

Full day: 8:40 a.m. - 3:31 p.m.
First day of school: 8:40 a.m. - 12:14 a.m.
All other half days: 8:40 a.m. – 12:15 a.m.
A.M. Kindergarten: 8:40 a.m. - 11:46 a.m.
P.M. Kindergarten: 12:25 p.m. - 3:31 p.m.

Barnard, Costello, Hamilton, Leonard, Morse and Schroeder

Elementary Schools

Full day: 9:10 a.m. - 4:01 p.m.
First day of school: 9:10 a.m. - 12:44 p.m.
All other half days: 9:10 a.m. – 12:45 p.m.
A.M. Kindergarten: 9:10 a.m. – 12:16 a.m.
P.M. Kindergarten: 12:55 p.m. – 4:01 p.m.

Attachment C

2013-2014 General Education Bus Runs

School Locations & Times

7:20 - 2:04	7:55 - 2:32	8:20 - 2:57	8:40 - 3:31	9:10 - 4:01	9:21
AHS	LARSON	SMITH	WATTLES	BARNARD	
AHS		SMITH	MARTELL	HAMILTON	
AHS	LARSON	SMITH	TROY UNION	COSTELLO	
THS	BOULAN		MARTELL	SCHROEDER	
THS		BAKER	WATTLES	MORSE	
THS	BOULAN		MARTELL	HAMILTON	
THS	BOULAN		BEMIS		
THS	BOULAN	SMITH	BEMIS	SCHROEDER	
	LARSON	BAKER	TROY UNION	COSTELLO	
THS THS - NILES 7:10		BAKER	AHS - LRSN/TROY 8:12	MORSE	
AHS	LARSON	BAKER	TROY UNION		
A - T 7:05	O.T.E.C. (R.O.)		WASS	LEONARD	
THS		SMITH	MARTELL	HAMILTON	
THS	BOULAN		BEMIS	SCHROEDER	
THS		BAKER		MORSE	
AHS	AHS -NILES 7:10	SMITH	MARTELL	HAMILTON	
	BOULAN		BEMIS	SCHROEDER	THS - SMITH
THS		SMITH	MARTELL	LEONARD	
AHS	LARSON		TROY UNION	BARNARD	
AHS		BAKER	WATTLES	BARNARD	
THS	BOULAN	THS-BOULAN 8:12		SCHROEDER	
THS		BAKER	WATTLES	MORSE	
THS	BOULAN	SMITH	THS - SMITH 8:12	HAMILTON	
AHS	LARSON	SMITH	TROY UNION		
AHS	LARSON		MARTELL	LEONARD	
T - A 7:05	LARSON	BAKER - B & G CLUB (PM ONLY)	TROY UNION		
THS	BOULAN		BEMIS	SCHROEDER	
THS		BAKER	WATTLES	MORSE	
THS		SMITH	HILL	BARNARD	AHS - Baker
AHS	LARSON		TROY UNION	LEONARD	
THS	BOULAN		BEMIS	HAMILTON	

Attachment D

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Troy School District Transportation Department 2013-2014 Special Education Daily Bus Runs

H.S. 7:20 - 2:04	EARLY M.S. 7:55 - 2:32	LATE M.S. 8:20 - 2:57	EARLY ELEMENTARY 8:40 - 3:31	LATE ELEMENTARY 9:10 - 4:01
AHS/THS	BOULAN/LARSON	BAKER/SMITH	BEMIS,HILL,MARTELL, TROY UNION,WASS,WATTLES	BARNARD,COSTELLO,HAMILTON, LEONARD, MORSE, SCHRORDER
WING LAKE				
LAMPHERE CENTER /EDISON MAX				
THS	LARSON	BAKER S.A.T.		BETHANY CHRISTIAN (PM ONLY)
AHS			WATTLES	
BLOOMFIELD H.S. 2:30				9:00 FOX HILLS 2:00
WING LAKE				
PINE LAKE & WING LAKE				
THS		SMITH		SCHROEDER
	CLAWSON M.S./SCHALM ELEM.			CONANT (PM ONLY)
AHS		SMITH		MORSE
TROY CENTER			NILES	
BOULAN		BAKER (AM ONLY)		HAMILTON
THS		BAKER (PM ONLY)	TROY UNION	
JARDON - EDISON MAX			JARDON - PM	
AHS		SMITH	HILL	COSTELLO
TROY CENTER (GROW)			NILES	
EDISON MAX - JARDON			EDISON MAX - PM	
AHS			WASS	
TROY CENTER		BAKER S.A.T. (AM ONLY)	NILES (PM ONLY)	
	EAST HILLS M.S.		CONANT (AM ONLY)	
LARSON			MARTELL	HAMILTON
SEAHOLM			TROY UNION	
PONTIAC OTEC (PM ONLY)	LARSON		WASS	

Attachment E

Troy School District Transportation Department 2013 Full Year and Special Education Bus Runs

SCHOOL		DAYS		DATES
WING LAKE 9:00 - 2:30		M - F		June 17 - June 28 July 1 - July 12 - No School July 15 - Aug 16
WING LAKE 9:00 - 2:30		M - F		June 17 - June 28 July 1 - July 12 - No School July 15 - Aug 16
WING LAKE 9:00 - 2:30		M - F		June 17 - June 28 July 1 - July 12 - No School July 15 - Aug 16
SEAHOLM 8:30 - 12 JARDON 9 - 2		T - TH M - TH		July 9 - Aug 15 July 15 - Aug 8
SCAMP-LONE PINE ELEM 9:00 - 2:00		M - TH		June 24 - July 25 M - TH No School July 3 & 4
Judson Summer Fun #1				July 8 - Aug 16 9:00 - 3:00
Judson Summer Fun #2				July 8 - Aug 16 9:00 - 3:00
Judson Summer Fun #3				July 8 - Aug 16 9:00 - 3:00
Judson - Teen Passages/ Summer Transitions				July 8 - Aug 16 9:00 - 3:00
COSTELLO 8 :30 - 10:00 10:00 - 11:30 12:30 - 2:00		M - TH		July 8 - Aug 15
MID DAY Seaholm/ Judson pre-school		M-F		

Attachment F

**Troy School District
Transportation Department
2013 Summer Bus Runs**

SCHOOL		DAYS		DATES
MARTELL SUMMER SCHOOL # 1 8:00 - 11:15		M - TH		July 8 - Aug 8
WATTLES SUMMER SCHOOL # 1 9:30 - 12		M - TH		July 8 - Aug 8
MARTELL SUMMER SCHOOL # 2 8:00 - 11:15		M - TH		July 8 - Aug 8
WATTLES SUMMER SCHOOL # 2 9:30 - 12		M - TH		July 8 - Aug 8
TROY UNION SUMMER SCHOOL # 1 9:30 - 12		T - TH		July 9 - Aug 15
TROY UNION SUMMER SCHOOL # 2 9:30 - 12		T - TH		July 9 - Aug 15
MORSE SUMMER SCHOOL # 1 9:30 - 12		T - TH		July 9 - Aug 15
MORSE SUMMER SCHOOL # 2 9:30 - 12		T - TH		July 9 - Aug 15
TROY HIGH/ NILES MIDDLE SCHOOL SUMMER SCHOOL 7:50 - 12		M - F		June 18 - July 11 NO SCHOOL JULY 1 - 5 July 12 - Aug 2
NILES SUMMER SCHOOL (New 6 th & 9th graders) 8:30 - 12:30		M - F		June 18 - Aug 2
NILES SUMMER SCHOOL (New 6 th & 9th graders) 8:30 - 12:30		M - F		June 18 - Aug 2
SMITH SUMMER SCHOOL MORSE/VILLAS 9:00 - 2:45		T,W,TH		



Purchasing Department
Facility Operations

RFP 9769

RE: Pupil Transportation Services

ADDENDUM #1 – January 30, 2014

The Bidding Documents are modified, supplemented or augmented as follows, and this Addendum is hereby made a part of the proposed Contract Documents.

The Transportation Department has scheduled a Bus Inspection meeting for 9:30 am, Tuesday, February 4, 2014, in the Transportation Department, located at 120 Hart Rd, Troy, Michigan 48083. Also, in preparation of this meeting, attached is a copy of the Michigan Department of Education, schedule 4107, Troy School Bus Inventory.



Purchasing Department
Facility Operations

RFP 9769

RE: Pupil Transportation Services

ADDENDUM # 2 – February 3, 2014

The Bidding Documents are modified, supplemented or augmented as follows, and this Addendum is hereby made a part of the proposed Contract Documents.

Question #1

To completely understand the entire RFP, please provide a copy of the current student transportation contract and any amendments to the contract?

Answer #1

See attached A1 and A2.

PUPIL TRANSPORTATION AND TRANSPORTATION FLEET MAINTENANCE SERVICES CONTRACT

THIS PUPIL TRANSPORTATION AND TRANSPORTATION FLEET MAINTENANCE SERVICES CONTRACT, (the "Contract") entered into this 16th day of June, 2009 (the "Effective Date") by and between **TROY SCHOOL DISTRICT**, a Michigan general powers school district, whose address is 4400 Livernois Road, Troy, Michigan, 48098 (hereinafter the "District") and **FIRST STUDENT, INC.**, a Florida corporation, whose address is 600 Vine Street, Suite 1400, Cincinnati, Ohio 45202 (hereafter the "Contractor") (each a "Party" and collectively the "Parties").

RECITALS

A. The District issued a Request For Proposals for Student Transportation Services dated February 26, 2009, as amended by Addendum #1 and Addendum #2 thereto (collectively the "RFP"), the purpose of which was to solicit proposals from qualified vendors with the ability to provide comprehensive pupil transportation services for the District at a more cost effective price.

B. The Contractor submitted to the District a Proposal in response to the RFP, dated March 26, 2009, to provide daily pupil transportation services and general transportation fleet maintenance services to the District (the "Proposal").

C. The Parties have, in accordance with the provisions of the RFP, conducted negotiations concerning the Contractor's Proposal.

D. Pursuant to the terms of the RFP, the Contractor shall be required to enter into a written contract with the District following written acceptance of the Proposal by the District.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants set forth herein, the Parties agree as follows:

1. RESTATEMENT CONSTITUTES THE CONTRACT

1.1 Incorporation By Reference.

The object of this Contract is to formalize in one document the complete agreement between the Parties, and to do so by specifically incorporating by reference into this Contract, the RFP, all Addenda to the RFP, the Proposal and other related documents, and by including certain additional necessary or appropriate Contract terms, particularly where the Contract terms agreed to by the Parties during the RFP negotiation process do not correspond with the RFP.

1.2 Order Of Precedence.

The Contract Documents, which all are incorporated herein by reference, include the following:

- i. This Contract;
- ii. The RFP
- iii. **Exhibit B** to this Contract – Contractor’s Pricing Sheet(s);
- iv. **Exhibit A** to this Contract – the Facility Lease;
- v. **Exhibit C** to this Contract – the Bus Purchase Schedule and Specifications; and
- vi. Contractor’s Proposal.

To the extent that the terms and conditions of the Contract Documents are in conflict, the terms and conditions shall be interpreted in the above-referenced order from (i) to (vi). However, the Parties also agree that where there is not a conflict between any of the terms and conditions contained in the above-referenced Contract Documents, all of the Contract Documents shall be binding upon both parties.

2. **CONTRACT DURATION AND CHARACTERISTICS**

2.1 **Initial Term.** The term of this Contract shall be for a period of three (3) years, commencing July 1, 2009 and ending June 30, 2012 (the “Initial Term”).

2.2 **Renewal Term(s).** The District shall have the option to extend this Contract by up to three (3) additional years on a year-to-year basis, subject to the written approval of the District’s Board of Education, in its sole discretion (each a “Renewal Term”). Nothing in this Contract requires the District to exercise its option for a Renewal Term and Contractor has no expectation of a contract beyond the Initial Term, or a Renewal Term if any are exercised. The Parties agree to use reasonable efforts to commence the negotiation process for the first Renewal Term, if any, on or before February 1, 2012, and by February 1st of any following Renewal Term(s).

3. **RELATIONSHIP BETWEEN PARTIES**

3.1 **Independent Contractor.** It is expressly agreed between the Contractor and the District that the Contractor will act as an independent contractor in the performance of its duties under this Contract and under no circumstances shall any of the employees of one party be deemed the employees of the other for any purpose. Accordingly, Contractor shall meet all of its obligations and responsibilities for payment of all taxes including Federal, State and Local taxes arising out of Contractor's activities in accordance with this Contract, including by way of illustration but not limitation, Federal and State income tax, Social Security tax, Unemployment Insurance taxes, Workers' Compensation Insurance

and any other taxes or business license or permits fees as required. This Contract shall not be construed as authority for either party to act for the other party in any agency or other capacity or to make commitments of any kind for the account of, or on behalf of, the other party, except to the extent, and for the purposes, expressly provided for and set forth herein, and no partnership or joint venture is created hereby. Contractor is retained and engaged by the District only for the purposes and to the extent set forth herein. Neither the Contractor nor its employees or agents shall be considered an employee of the District, nor is Contractor entitled to participate in any plans, arrangements, or distributions by the District pertaining to or in connection with any fringe, pension, bonus, profit sharing, or similar benefits, or any medical, dental, life or disability insurance plans. Further, the District will not withhold or pay any State, Federal or Local taxes, FICA, FUTA, MESC Insurance or Workers' Compensation Insurance and Contractor will indemnify, defend and hold the District harmless for the payment of such sums, interest, penalties, or cost of collection of same, including reasonable attorney fees. Nothing in the Contract shall be construed to interfere with or otherwise affect the rendering of the Transportation Services or Maintenance Services by Contractor in accordance with its independent and professional judgment. No tenure or other rights/benefits typically arising out of an employee-employer relationship shall arise out of this Contract on behalf of Contractor, its employees or agents.

4. SCOPE OF SERVICES

The Contractor shall perform all of the services described herein and those services that may not be described but that are necessary to perform the services described herein.

4.1 Transportation Services. Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall provide the following pupil transportation services (collectively the "Transportation Services"):

4.1.1 Daily Transportation Services. The Contractor shall provide safe, efficient and reliable, on-time transportation from home to school and school to home for general education, special needs students or those other persons eligible or authorized for transportation service (collectively the "Students") on a daily basis in accordance with the District's defined parameters and the terms and conditions of this Contract. The Contractor shall also provide safe, efficient and reliable, on-time mid-day transportation and Shuttle Service (as defined below) for Students in accordance with the District's defined parameters and the terms and conditions of this Contract (the transportation to and from school and mid-day and Shuttle Service shall collectively be referred to as the "Daily Transportation Services"). The Contractor shall not use any "vans" or other similar vehicles to transport Students and all buses or vehicles used to transport Students must be approved in writing by the District prior to such use by Contractor.

4.1.2 Other Transportation Services. The Contractor shall provide safe, efficient and reliable, on-time transportation for Students and authorized District personnel to and from those curricular and extra-curricular activities as requested by the District, including, but not limited to, field trips, extra-curricular trips and athletic events, in accordance with the terms and conditions of this Contract (the “Other Transportation Services”). Notwithstanding the foregoing, or anything herein contained to the contrary, the District reserves the right to lease other buses or vehicles from other approved providers to transport Students to and from field trips, athletic events and/or other special events, if the Contractor is unable to provide such service. The Contractor shall not use any “vans,” or other similar vehicles to transport Students and all buses or vehicles used to transport Students must be approved in writing by the District prior to such use by Contractor.

4.1.3 Shuttle Service. Shuttle Service shall include transportation of Students between buildings during school operating hours, as requested by the District.

4.2 Maintenance Services. Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall provide the following “Maintenance Services”:

4.2.1 Bus Maintenance. The Contractor shall maintain all District-owned buses and Contractor-owned buses serving the District in a good and safe mechanical and operating condition. All such buses shall be maintained in a clean and sanitary condition and shall have good interior and exterior appearance during the entire term of the Contract. The Contractor shall maintain all buses in strict accordance with all State, Federal, and any other local government minimum standards for school buses, including but not limited to, the Pupil Transportation Act, Michigan Public Act 187 of 1990, as amended, MCL 257.1801 *et seq.* (the “Pupil Transportation Act”), and such additional requirements as set forth herein. The Contractor shall maintain the buses so that their condition remains equal to or exceeds that condition recorded on the written inspection form provided to District by the Contractor, normal wear and tear excepted. Mechanically, the buses shall be maintained in a condition approximating that set out by the original manufacturer. The Contractor shall only use “OEM Approved” replacement parts on District-owned buses. Failure to maintain the buses in a condition acceptable to the District will constitute a default of this Contract. The Contractor shall provide annually to the District a schedule which details all routine and preventative maintenance scheduled for each District-owned and Contractor-owned bus, as well as a monthly report to the District, detailing all service done to each District-owned and Contractor-owned bus.

- 4.2.2 Additional Vehicle Maintenance.** If requested by the District, the Contractor shall maintain all other District-owned vehicles (referred to herein as the District's "White Fleet") in a good and safe mechanical and operating condition. Mechanically, the White Fleet shall be maintained in a condition approximating that set out by the original manufacturer(s). Failure to maintain the White Fleet in a condition acceptable to the District will constitute a default of this Contract.
- 4.2.3 Cost of Maintenance.** Except as provided in Section 4.2.4 below, the Contractor shall be responsible for all costs and expenses associated with the maintenance of all District-owned buses and Contractor-owned buses serving the District. If White Fleet maintenance is requested by the District, all costs for labor and parts required for the maintenance and repair of the White Fleet will be paid for by the District. Necessary labor to maintain and repair the White Fleet shall be reimbursed at a cost of \$40.00 per hour for Year 1 of the Initial Term, \$41.20 per hour for Year 2 of the Initial Term, and \$42.44 per hour for Year 3 of the Initial Term, and parts will be reimbursed at cost.
- 4.2.4 Bus Inspection and Initial Repairs.** Except as caused or required due to the sole acts or omissions of Contractor, Contractor shall not be required to provide major component repairs (such as engines, drive trains and transmissions) to a District-owned bus that is ten years old or older, unless the District requests the Contractor to provide such repair in writing. If the District requests Contractor to perform such repair, the District shall pay for the costs of such repair and the applicable labor rate charged by the Contractor will be \$40.00 per hour, for actual hours required, and the District will pay for any necessary parts. Prior to the commencement of the Contractor's responsibilities under the Contract, Contractor shall have the right to inspect all District-owned buses to be used by Contractor under the Contract and shall verify that all District-owned buses are in a safe operating condition necessary to pass the State of Michigan inspection (the "Inspection"). If, during the first ninety (90) days of the Initial Term of this Contract, the cost to repair a single component major defect repair to any District-owned bus exceeds \$500.00, the District will be responsible for any and all charges for said repairs. If the District chooses to utilize the Contractor to complete such repairs, the applicable labor rate charged by the Contractor will be \$40.00 per hour, for actual hours required and the District will pay for any necessary parts. Contractor will provide District with a written estimate of repairs prior to the District approving any repair.
- 4.2.5 Requested Modifications.** If the District requests in writing that the Contractor make a modification to a District-owned bus that would be outside of the OEM specifications, to the extent permitted by law, the District agrees to indemnify, defend and hold harmless the Contractor, its agents, servants and employees from and against any and all claims or

damages of every kind, for injury to or death of any person or persons to or loss of property, arising out of or resulting from District's aforementioned requested modification. Notwithstanding the foregoing, the aforementioned modifications and required indemnification by the District shall not extend to standard repair and/or maintenance, modifications required by the State of Michigan or federal law, or the addition of standard equipment, including but not limited to, a GPS system, cameras etc.

- 4.3 Routing.** Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the District shall provide for efficient routing of all general education, special needs or other transportation of the District as more fully set forth in Section 8.1 of this Contract.
- 4.4 Personnel.** Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall select, train, compensate and retain all personnel necessary for the provision of the Transportation Services and Maintenance Services as more fully set forth in Section 6.1 of this Contract.
- 4.5 Student Discipline.** Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall cooperate with the District regarding any Student discipline arising out of the Transportation Services, as requested and as mandated by District policies, procedures and guidelines, as those may be amended from time to time by the District's Board of Education. The Contractor shall comply with all applicable Family Educational Rights and Privacy Act ("FERPA").
- 4.6 Communication.** Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall provide effective communication with the District, including, but not limited to, all Contractor personnel, parents, students and the community.

5. BUSES

- 5.1 District-Owned Buses.** The Contractor will utilize those District-owned buses currently in service and identified by the District to provide the Transportation Services. Title to District-owned buses shall remain with the District. The Contractor shall use District-owned buses only to provide the Transportation Services, unless otherwise provided for by law. The District shall provide prior to the commencement of the Initial Term, the model, year, body type and odometer reading of each District-owned bus that will be made available for use by the Contractor for the Transportation Services.
- 5.2 Contractor-Owned Buses.** The Contractor shall purchase new Type I or Type II buses (as defined in the Pupil Transportation Act), at its sole cost and expense, in accordance with the Bus Purchase Schedule and Specifications, attached hereto and incorporated herein by reference as **Exhibit C**. The District reserves the right

to review and approve any bus proposed to be purchased by the Contractor in accordance with the Bus Purchase Schedule and Specifications. Title to the new buses purchased by Contractor shall remain with the Contractor. These buses shall be used, in conjunction with the District-owned buses, to provide the Transportation Services. All buses used to serve the District shall have "TROY SCHOOL DISTRICT" on the belt line. Provided that it does not interfere with the operation or provision of the Transportation Services, Contractor may utilize Contractor-owned buses to provide charter transportation services to other groups ("Outside Services"). Contractor shall appropriately cover or mask all references to the District on any Contractor-owned buses used to provide Outside Services.

5.3 Bus Specifications and Equipment. All buses used to provide the Transportation Services shall be operated, equipped and maintained in strict compliance with all applicable federal, state and local laws, rules and regulations, including but not limited to the Pupil Transportation Act, as well as all District Board of Education policies, procedures, rules and regulations.

5.3.1 Radio Communication System. All District-owned and Contractor-owned buses shall be equipped with a two-way radio communication system. All District-owned buses are currently equipped with two-way radio communication equipment. To ensure that the radios are in good operating condition at all times, the Contractor shall maintain all radio communication equipment in good working order. The Contractor shall maintain the entire radio communications system at its sole cost and expense. The Contractor may utilize the radio communication equipment currently installed in District-owned buses, as well as spare equipment and the base station(s) for Contractor's on-site management personnel, at no cost to the Contractor. The Contractor may upgrade the radio communication system for the buses if it so desires, upon the prior approval of the District. All radio communication equipment on District-owned buses shall be used exclusively for Transportation Services operated for the District. The Contractor shall instruct all bus drivers and other appropriate personnel regarding the use and operation of the radio communication equipment in accordance with all applicable laws, rules, policies and procedures, including but not limited to those of the Federal Aviation Administration (the "FAA") and the District. If the Contractor changes, modifies or upgrades any of the radio communication equipment, at the expiration or earlier termination of this Contract, all District-owned buses shall be equipped with a fully operational radio communication system of like or equal quality as the system on the District-owned buses at the commencement of this Contract, at no cost to the District.

5.3.2 Video Surveillance System. District-owned and Contractor-owned buses may be equipped with a video surveillance system. Five (5) District-owned buses currently have an infra-red color video surveillance system in place, and five (5) other District-owned buses have camera mounts installed so that the cameras may be switched between buses, and the

Contractor may utilize these systems. Notwithstanding the foregoing, the Contractor shall be responsible for all operational and maintenance costs associated with these systems. If the Contractor changes, modifies or upgrades any of the video surveillance system, at the expiration or earlier termination of this Contract, five (5) District-owned buses shall be equipped with a fully operational video surveillance system of like or equal quality as the video surveillance system on the District-owned buses at the commencement of this Contract, at no cost to the District, and five (5) buses shall have camera mounts of like or equal quality as the camera mounts on the District-owned buses at the commencement of this Contract.

5.3.3 Additional Equipment and Systems Added by Contractor. Contractor agrees to implement and install the Zonar Electronic Vehicle Inspection Report (“EVIR”) System on all District-owned and Contractor-owned buses serving the District. Contractor also agrees to implement and install a Global Positioning Satellite (“GPS”) System on all District-owned and Contractor-owned buses serving the District. Further, Contractor agrees to implement and install the “Child CheckMate” System on all District-owned and Contractor-owned buses serving the District. All three (3) of these aforementioned systems shall be purchased, implemented, installed, operated and maintained at the Contractor’s sole cost and expense.

5.4 Bus Inspections. All buses shall be inspected by Contractor on a daily basis for defects (mandatory federal and/or state pre-trip inspections) and Contractor shall cause to be remedied any defects before using said buses. All buses shall be inspected annually by the Michigan Department of State Police (the “MSP”) and the Contractor shall submit, in writing, the inspection results of all District-owned and Contractor-owned buses serving the District within thirty (30) days of the completion of the MSP inspections. Contractor shall verify to the District in writing prior to the commencement of the Initial Term of this Contract, that all buses used for the provision of the Transportation Services have been inspected by the MSP and have passed that inspection. Contractor shall neither operate nor permit to be operated any bus which has not been inspected by the MSP or has failed inspection. The District shall have the right to inspect, at any time, any and all buses used for the provision of the Services for purposes of ensuring compliance with all applicable laws and the terms and conditions of this Contract. Any violation of this subparagraph 5.4 will result in an automatic and immediate termination of this Contract.

5.5 Spare Buses. The Contractor shall keep and maintain, in strict accordance with all applicable laws and this Contract, a quantity of spare buses equal to an amount deemed to be necessary by the Contractor to perform the Transportation Services in accordance with the terms and conditions of this Contract.

5.6 Age of Buses. Type I buses used for the provision of the Transportation Services shall not exceed the age of twelve (12) years, and have an average age of eight (8)

years. Type II buses used for the provision of the Transportation Services shall not exceed the age of twelve (12) years, and have an average age of eight (8) years. It is agreed by the Parties that the Contractor shall purchase twenty-four (24) new buses, which title to said new buses will remain with the Contractor, for the 2011/2012 year of the Initial Term. Notwithstanding the foregoing, the Contractor shall notify the District at least thirty (30) days prior to placing any order for, or purchasing said new buses and shall obtain written approval from the District authorizing said order/purchase of the new buses. If the Contractor does not receive said written approval, the Contractor shall not order/purchase said new buses. Moreover, the Contractor shall notify the District in writing at least thirty (30) days prior to placing any order for, or purchasing any new or replacement bus and such notice shall indicate the District-owned bus(es) which is/are being permanently retired/replaced to enable the District to sell or dispose of said retired District-owned bus(es). Notwithstanding the foregoing, spare buses may exceed the maximum age requirements set forth above, provided all federal, state, District and Contractor safety, operational and mechanical requirements are met. Notwithstanding the above, the District reserves the right to request Contractor to purchase new buses earlier than the 2011/2012 school year, if such earlier purchase is mutually agreed upon in writing by the Parties.

- 5.7 Bus Re-Purchase.** In the event this Contract expires or is earlier terminated as provided for herein, the District shall have the right to purchase, at its sole discretion, Contractor-owned buses serving the District in order to permit the District to operate all necessary transportation services. If this option is exercised by the District, the District shall pay the “fair market value” for each bus it elects to purchase from the Contractor. The “fair market value” for each bus shall be determined by an independent third-party inspector mutually agreeable to the District and the Contractor. This re-purchase transaction shall be in the form of an Installment Purchase Agreement, not to exceed six (6) years in duration, financed by a Lender of the District’s sole discretion. This re-purchase transaction is commonly known in Michigan as Act 99 financing.
- 5.8 Removal From Service.** A bus shall be declared unfit for service and removed from service if the bus:
- 5.8.1** Does not comply with the legal requirements, including, but not limited to, the Pupil Transportation Act; or
 - 5.8.2** Is defective in a way that threatens the safety of Students or of persons near or around the bus; or
 - 5.8.3** Is defective in a way that, if the bus were operated, it may damage the bus or damage the District’s property.
 - 5.8.4** Exceeds the Contractor’s standards for the age of the bus being a maximum age of twelve (12) years for Type I buses and twelve (12) years for Type II buses.

Such buses shall not be returned to service until the defect or cause of non-compliance has been corrected.

- 5.9 Fuel.** The District agrees to purchase and/or pay actual fuel costs associated with the Transportation Services provided under this Contract. The Contractor shall ensure that no fuel purchased or paid for by the District is used by the Contractor for the provision of the Outside Services. If a Contractor-owned bus is used for Outside Services, it shall leave the Facility with a full tank of fuel and return to the Facility with a full tank of comparable quality fuel purchased from an outside vendor. The Contractor shall be responsible for any taxes relative to fuel used for Outside Services. The Contractor shall utilize the District's "card system" to track fuel usage of the buses, at no cost to the Contractor.

6. CONTRACTOR PERSONNEL

The Contractor shall provide all personnel necessary for the provision of the Transportation Services and Maintenance Services under this Contract. The District may review all pre-employment and other records regarding any prospective or actual employee of the Contractor assigned to work under this Contract. The personnel reports and information contained therein shall be limited to that information permitted to be transmitted to the District by federal and state privacy laws, and will be protected by the District to the fullest extent permitted by law. To the extent permitted by law, the District agrees to indemnify, hold harmless and defend Contractor, its directors, officers, employees and agents from and against every claim or demand which may be made by any person, firm, or corporation, or any other entity arising from or caused by any act of neglect of the District's improper disclosure of the information unless said information is in the public domain or disclosure is required by law or court order. The responsibility for hiring and discharging personnel rests entirely with the Contractor. The Contractor agrees that it will not enter into an agreement or arrangement with an employee, person, group or organization which will in any way interfere with the Contractor's ability to comply with this Contract. The District reserves the right to require the Contractor to remove from service under this Contract a person or driver who, in the opinion of the District is not qualified to operate a school bus for service in accordance with the operating and safety standards required by the District or is not performing the services required under this Contract in a manner consistent with the requirements of the District. All Contractor personnel shall wear a Contractor-issued yellow vest. All Contractor personnel shall wear a Contractor-issued picture identification badge, approved by the District, at all times and said badge shall be worn above the waist.

- 6.1 Management Personnel.** Until the District notifies the Contractor to the contrary, the District agrees to employ its Transportation Supervisor and one (1) routing coordinator. The Contractor shall employ all other necessary management personnel, including, its own manager, one (1) dispatcher and one (1) additional operations support person, as required to perform the Transportation and Maintenance Services in accordance with the terms and conditions of this Contract. Once notified by the District that it will no longer employ its Transportation Supervisor and one (1) routing coordinator, the

Contractor shall, at a minimum, provide throughout the Initial Term and any Renewal Term(s) of this Contract, one (1) on-site, full-time, (40 hours per week), experienced manager, one (1) dispatcher, one (1) routing coordinator and one (1) additional operations support person, acceptable to the District and Contractor, who shall be responsible for the Contractor's performance of its obligations under this Contract. If the District desires to have the Contractor retain a router during the Initial Term or any Renewal Term(s) of this Contract, the price/bus/day shall increase by \$3.62, as that figure may be increased annually after the first year of this Contract in accordance with Section 10.3 of this Contract. Full time means Monday through Friday, office coverage will be 5:30 a.m. to 5:30 p.m. with a non-service period for breaks and lunch to equal eight (8) hours per day. The assigned manager shall have, at a minimum, qualifications which meet the standards set forth in the requirements of the Pupil Transportation Act. The manager must hold and maintain a current commercial drivers license and a current school bus driver certificate in accordance with the Pupil Transportation Act. It is understood that management and clerical personnel will be entitled to annual vacations, provided such vacations do not conflict with District operations during the school year.

- 6.2 Maintenance Personnel.** The Contractor shall, at a minimum, provide throughout the Initial Term and any Renewal Term(s) of this Contract, four (4) on-site, full-time, mechanics, all acceptable to the District and Contractor, who shall be responsible for all Maintenance Services. At least one (1) of the full-time mechanics shall be State of Michigan and/or ASE certified and have additional certifications in school bus and related areas (the "Lead Mechanic"). All other mechanics performing Maintenance Services shall be State of Michigan and/or ASE certified within two (2) years of the date hired by Contractor. Full-time means Monday through Friday, forty (40) hours per week. At least one mechanic must be on duty when buses are in operation during the school day between 5:30 a.m. and 5:30 p.m. daily. The Lead Mechanic and other mechanics must hold and maintain a current commercial drivers license and a current school bus driver certificate in accordance with the requirements of the Pupil Transportation Act. It is understood that maintenance personnel will be entitled to annual vacations, provided such vacations do not conflict with District operations during the school year.

6.3 Bus Driver Personnel.

The Contractor shall provide throughout the Initial Term and any Renewal Term(s) of this Contract, all necessary drivers and/or paraprofessionals/bus aids, as required by the District, to perform the Transportation Services contemplated herein. The Contractor shall comply with Equal Employment Opportunity and Affirmative Action requirements as stipulated in Executive Order 11246 and Executive Order 11375 and all subsequent amendments thereto and superseding orders.

6.3.1 District's Philosophy: It is the District's intent to provide high-quality transportation services and to ensure the safety and comfort of the District's pupils. The Contractor hereby recognizes and agrees to uphold the following standards for its personnel.

6.3.1.1 For the protection of pupils, the drivers and other persons who have contact with pupils and their families must be of stable personality good moral character, and shall meet or exceed all certifications and requirements mandated by all applicable federal, state and local laws, rules and regulations.

6.3.1.2 The Contractor shall neither allow any person to drive a school bus if that person's conduct might in any way expose Students to any impropriety of word or conduct, nor shall the Contractor allow any person to drive a school bus who is not, at any time, in a condition of mental and emotional stability.

6.3.1.3 The use of tobacco and the possession or use by any person of alcohol, controlled substances, illegal drugs, firearms, knives, or other weapons are prohibited on school buses, or District property.

6.3.1.4 All drivers and paraprofessionals/bus aides shall comply with District policies concerning student management and discipline, including, but not limited to, non-discrimination and corporal punishment of Students.

6.3.2 Pre-employment Screening: The Contractor shall develop and implement a pre-employment interview and/or screening program for all candidates for employment in driving a school bus and/or working on District property or in a District facility. The screening program shall be designed to assist the Contractor in determining the candidates' qualifications for work with Students in the transportation setting. This procedure must be reviewed and approved in advance by the District to ensure compliance with any and all applicable federal and state laws, rules, ordinances, District policies and regulations and licensing and permitting requirement applicable to providing the Transportation Services contemplated in this Contract, including, but not limited to:

6.3.2.1 Meeting all of the requirements of the Pupil Transportation Act, including, but not limited to, (i) not permit any person 17 years of age or less operate any bus; (ii) not permit any person to operate a bus unless that person possesses a valid chauffeur's license, the appropriate vehicle group designation, a passenger vehicle endorsement, and a school bus endorsement as required under section 312e of the Michigan vehicle code, 1949 PA 300, MCL 257.312e; (iii) not permit any person with a commercial driver license to operate a bus, unless the operation is in compliance with the drug and alcohol testing regulations under 49 CFR parts 40 and

382; and (iv) ensure a commercial driver license skills test has been passed by all persons who have violated any portion of MCL 257.1849(4).

- 6.3.2.2** Providing training for all bus drivers, regardless of whether they are full-time, temporary or substitute drivers. This training must include twenty-one (21) hours of classroom instruction provided by the Oakland Intermediate School District. Contractor must provide an additional forty (40) hours of classroom/behind the wheel training. All drivers shall receive at least six (6) hours of in-service training bi-annually from Contractor as required by the Pupil Transportation Act. All drivers shall be adequately trained to ensure proficiency in operating the bus to which the driver will be assigned. Drivers who are assigned to transport special needs Students shall be adequately trained and physically able to carry out the transportation of the special needs Students.
- 6.3.2.3** Establishing and administering tests acceptable to, and approved by, the District that are designed to determine the presence of illegal drugs, controlled substances, or alcohol. The Contractor shall conduct random and reasonable suspicion drug and alcohol testing for all safety sensitive employees according to Federal and Michigan law, rules and regulations and District policy. The Contractor shall have a zero tolerance policy for testing positive to drugs and alcohol and shall immediately remove a driver or other personnel if they refuse to submit to a drug test, tests positive for illegal drugs, controlled substances or alcohol or violates the law, possesses, sells or consumes illegal drugs, controlled substances or alcohol on District property.
- 6.3.2.4** Not providing or allowing any bus drivers under this Contract who have more than three (3) points currently on his/her driving record pursuant to the State of Michigan point system maintained by the Michigan Secretary of State. Contractor shall also not provide any drivers under this Contract who have been convicted at anytime of driving under the influence of intoxicating liquor or an illegal substance. All drivers shall be carefully selected as to character and ability and must meet and pass all requirements and tests provided under federal and state laws, rules and regulations, including, but not limited to, the Pupil Transportation Act.
- 6.3.2.5** Meeting the requirements of the *School Safety Initiative Legislation*, being MCL 380.1230, 380.1230a, 380.1230c, 380.1230d and 380.1230g. The Contractor acknowledges and agrees that unless the District notifies the Contractor that it is not subject to the provisions of Michigan Public Act 84 of 2006, as

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amended, the Contractor will have any and all of its agents, employees or representatives who will be on any District premises to carry out the Transportation Services or Maintenance Services contemplated by the Contract Documents, fingerprinted and subjected to criminal history and background checks through the Michigan State Police and Federal Bureau of Investigation, as detailed in Public Act 84 of 2006, as amended, prior to commencing any work under this Contract by presenting themselves, or any of its agents, employees or representatives, for proper fingerprinting and criminal backgrounds checks, as directed by the District, or provide written notification to the District that Contractor or its employee(s) has previously completed fingerprinting and a criminal history and background check in connection with contracting or working for another Michigan school district, intermediate school district, public school academy or nonpublic school (each an "Agency") and consents to the sharing or transferring of the appropriate fingerprinting and criminal history background report from the other Agency. If Contractor wishes to receive a copy of any report, it shall have the employee provide written consent to the District acknowledging its consent to provide Contractor with a copy of the report at the time fingerprinting and background checks are initiated. Additionally, unless notified it is not subject to Michigan Public Act 84 of 2006, as amended, the Contractor represents and warrants to the District that it will at all times during the Initial Term or any Renewal Term of this Contract be in compliance with the provisions of Michigan Public Act 84 of 2006, as amended, including, but not limited to, reporting to the District within 3 business days of when any of its agents, employees or representatives who will be on the District's premises to carry out the Transportation Services and/or Maintenance Services contemplated by the Contract Documents, is/are charged with a crime listed in Section 1535a(1) or 1539b(1) of the Revised School Code, being MCL 380.1535a(1) and 380.1539b(1), or a substantially similar law, and to immediately report to the District if that person is subsequently convicted, plead guilty or plead no contest to that crime. The Contractor shall indemnify, defend and hold the District, its employees, Board of Education, and each member thereof, agents and consultants, harmless from and against any and all claims, counter-claims, suits, debts, demands, actions, judgments, liens, liabilities, costs, expenses, including actual attorneys fees and actual expert witness fees, arising out of or in connection with any violation of, or the Contractor's failure to comply with, the requirements of Michigan Public Act 84 of 2006, as amended, or this paragraph. The Contractor shall be responsible for all costs and expenses associated with the above-required fingerprinting and background

checks. The Contractor shall supply all necessary data and information, as requested by the District, to enable the District to properly submit Contractor and its employees and agents for inclusion in the State of Michigan Department of Education's list of "registered educational personnel."

6.3.3 Bus Driver Evaluation. The Contractor shall evaluate bus drivers on their routes at least once each academic year for the purpose of observing their driving practices with respect to safety, mechanical operation, conformance with laws, policies, and regulations, adherence to established routes and schedules, handling of Students, and other factors inherent in the Transportation Services and the transportation of Students. All drivers assigned to perform Transportation Services under this Contract shall maintain a minimum evaluation rating of "satisfactory" in all evaluation categories. Mandatory retraining shall be assigned as appropriate.

7. **CONTRACTOR RECORDS AND REPORTING REQUIREMENTS**

The Contractor shall make available to the District at any time all operating, personnel and maintenance records that the District may request, subject to Section 6 above. Additionally, the Contractor will provide certain regular reports to the District as specified by the District.

7.1 **Records To Be Maintained By The Contractor:**

7.1.1 Operating Records: The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, records indicating route numbers, bus numbers, the name and number of Students transported to each school site, the number of miles and hours driven, and the program to which the Students are assigned (being either regular education or special education). These operating records shall contain all information necessary for the District to completely fulfill all reporting requirements mandated by the State of Michigan, including but not limited to, Pupil Transportation Forms SE-4094, SE-4096, and SE-4107. These records must be provided to the District so that the District may timely file all of the necessary aforementioned reports to receive any and all allotted transportation reimbursement from the State of Michigan or its respective Intermediate School District ("ISD").

7.1.2 Personnel Records: The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, records that include documentation of all drivers, management, and support staff compliance with all legal requirements and with all standards and requirements set forth in the Contract or requested by the District. The Contractor shall furnish to the

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District the following information semi-annually relative to each driver, and Contractor shall be responsible for keeping such information current:

- 7.1.2.1 Name of driver (last, first and middle initial);
- 7.1.2.2 Driver's address;
- 7.1.2.3 Proof of proper licensure, including the driver's driving permit and driver's license number;
- 7.1.2.4 Bus Driver Certification status and schedules;
- 7.1.2.5 Normal routing assignment;
- 7.1.2.6 Normal bus assignment.

7.1.3 **Bus Records**: The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, the following records, at no cost to the District:

- 7.1.3.1 The number of buses unavailable for service during each school bus operating shift (morning run, midday run, or afternoon run) due to inspection, repair, or other reason;
- 7.1.3.2 The number and details of any roadway breakdown or halt of service suffered by buses that serve the District;
- 7.1.3.3 Details of Other Transportation Services, including hours and mileage of each run performed; and
- 7.1.3.4 All pre-trip inspection sheets completed by drivers transporting the District's Students.
- 7.1.3.5 The model, year, body type and odometer reading of each bus and the Contractor shall provide this information annually, by June 30 or each year, to the District.

7.1.4 **Maintenance Records**. The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, the following records, at no cost to the District:

- 7.1.4.1 Bus and vehicle owners' manuals that include documentation of compliance with all legal requirements and with all standards and requirements set forth in this Contract, including, but not limited to, the requirements of the Pupil Transportation Act;
- 7.1.4.2 All records necessary to indicate all maintenance or repairs completed on any bus or White Fleet vehicle, the reason for the repair, the number of hours to complete the maintenance or repair and the cost of the repair. These records shall be provided to the

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District on a monthly basis during the first year of the Initial Term. After the Initial Term, these records will be available upon request.

7.1.5 Reports to Be Submitted Regularly to The District By The Contractor:

If any of the following events occur during the Contractor's performance of the Contract, the Contractor shall report to the District the described information within a period of one (1) working day:

7.1.5.1 If permanent route driver assignments change, the Contractor shall provide an updated list of routes and drivers assigned to those routes. If several changes are made, a list is required no more than once per week.

7.1.5.2 If a pupil is cited for behavior or other reason(s) while riding a bus, the Contractor shall report in writing to the District the nature, time, and date of the incident(s). Every driver shall at all times adhere to the District's established student disciplinary policies.

7.1.5.3 If the Michigan State Police inspects any vehicles serving the District or inspects the facility where the buses are parked and maintained, the Contractor shall provide to the District a copy of the inspection report.

7.1.5.4 At the request of the District, the Contractor shall immediately remove from service any and all buses that are determined unfit for service by the District or by the MSP. The District shall provide specific reasons to the Contractor for such requests to remove buses from service.

7.1.5.5 If any runs were late or missed during a week, the Contractor shall submit a written summary for the week of all late or missed trips, including the cause of the problem and any corrective action taken.

7.1.6 **Accident Reports.** All accidents or incidents involving the District's Students, personnel, and equipment shall be verbally reported to the District immediately. The driver involved in any accident shall, at the discretion of the District's liaison or supervisor, submit to Drug and Alcohol Testing immediately following the accident, unless otherwise provided for by law. A written report shall be submitted to the District by the Contractor within 24 hours of the time of the accident. Accident reports shall make clear or provide at a minimum the following:

7.1.6.1 Whether Students were on the bus or loading or unloading from the bus at the time of the accident;

7.1.6.2 Whether any injury occurred;

7.1.6.3 The driver, location, involvement of other vehicles, and nature and extent of any property damage; and

7.1.6.4 A list of all known witnesses.

The Contractor shall provide to the District any accident reports obtained from the Michigan State Police or from any other law enforcement agency as soon after the accident as they become available. The Contractor shall use the Michigan Department of Education form as mandated by the State of Michigan.

7.1.7 **Record Retention.** The Contractor shall maintain all records in accordance with the State of Michigan Education Bulletin #522 Revised and District policy.

8. ROUTING

8.1 **Establishment of Routes.** The District shall establish the most efficient routing plan for the safety of Students within the guidelines provided for in this Contract and the District's Board of Education policies. The Contractor shall provide input and routing support to the District in order to assist the District in developing the most efficient routing plan for the District. Contractor agrees to work with District designees regarding necessary Individual Education Plan ("IEP") transportation requirements. Contractor shall pick-up Students identified by the District at any location and at times approved by the District to transport to the classes/facilities set by the District. District practice mandates that the maximum ride time not exceed 30 minutes for general education Students and 45 minutes for in-District special education Students, each way. Notwithstanding the foregoing, any necessary out-of-District transportation may exceed these time limits. Contractor shall transport designated Students to such locations, arriving at times approved by the District and return them to their stops, using routes recommended by Contractor and approved by District. All pick-ups of Students may be door-to-door or in groups as specified by District policies. Subsequent to approval by the District of the routing plan, Contractor shall make no substantial changes thereto without prior notice to, and written approval by, the District. The District will provide their recommended routing plan to the Contractor no later than four (4) weeks before the first day of school each year. If a route needs to be modified during the school year, the Contractor shall modify the route(s) in accordance with the modification mutually agreeable to the District and the Contractor.

8.2 **Other Transportation Service Routes/Scheduling.** The District shall give the Contractor three (3) days prior notice, whenever possible, of any scheduled Other Transportation Services, including, but not limited to, field trip, extra-curricular or athletic route, identifying the destination and the number of buses required. The District may cancel any scheduled Other Transportation Services upon notice to the Contractor.

- 8.3 **Notification to Students.** After approval of the recommended routing plan by the District, the Contractor shall notify each Student at least two (2) weeks prior to the start of each school year of the applicable pick-up times and shall notify each Student as to any subsequent change in time of pick-up or route, as approved by District, which will affect any Student. The Contractor and the District shall mutually agree in writing on a method of notification to parents and Students of scheduled pick-up times prior to the start of each school year and the costs for notification shall be borne by the District. The Contractor shall notify each Student as to any subsequent change in time of pick-up, location, or route, as approved by District, which will affect any Student. All necessary continuing communications shall be in conjunction with the District.
- 8.4 **Complaints.** Contractor agrees to promptly, courteously and continuously address any and all complaints or concerns brought to its attention by guardians, family members, District staff, or other parties representing the interests of any Students and shall promptly notify District authorities. Contractor shall submit a summary of all complaints and concerns brought to its attention by guardians, family members, District staff, or other parties representing the interests of any Students, along with a summary of the resolution of such complaint or concern, on a monthly basis to the District.
- 8.5 **Routing System/Software and GPS.** If any GPS system is desired by the Contractor different than that set forth in Section 5.3.3 above, the District shall receive prior notice and shall consent to and approve the GPS system desired by Contractor, in writing, which consent and approval shall not be unreasonably withheld. The Contractor shall be responsible for any and all costs associated with any GPS system that the Contractor desires to implement. The District will require the Contractor to utilize the VersaTrans Routing Software as purchased and owned by the District. The District will be responsible for paying the annual license fee related to this software and the license shall remain with the District. At the expiration or earlier termination of this Contract, the District shall be given all appropriate access to the most recent routes and accompanying Student data, and be able to use such system/information for its operations.
- 8.6 **Miscellaneous Routing Issues.** Contractor shall permit authorized District representative(s) to ride all buses on all routes for the purpose of determining bus stop, route scheduling, or parent/community complaints, the mechanical conditions and cleanliness of buses, driver evaluation, discipline, whether the schedules are being met, and similar matters. No persons other than Students, Contractor employees, District authorized personnel or employees, or drivers in training, are to ride the buses without the written approval of the District's Superintendent or his/her designee. No bus will be loaded with Students such as to transport more than 100% of the number of Students for which the bus has a rated seating capacity.

8.7 **Mechanical Break-down.** In the event of a mechanical failure or breakdown of any bus providing Transportation Services required hereunder, Contractor agrees that a spare bus and driver shall respond to the site of the breakdown, as quickly as possible, for transfer of Students for delivery to their destination in accordance with this Contract. The Contractor shall also provide road side assistance and service calls for all buses.

9. FACILITIES, STORAGE AND MAINTENANCE OF BUSES AND VEHICLES

The District agrees to lease to the Contractor for \$1.00 per year, the District's existing transportation facility located at 120 Hart Street, Troy, MI 48098 (the "Facility"), the District's large tools and special equipment (being those large tools and special equipment which are fixtures or immovable), in accordance with the terms and conditions contained in the Lease Agreement between the Parties, which Lease Agreement is attached hereto and incorporated herein by reference as **Exhibit A.** The Facility will have a transportation maintenance garage, bus parking area, and space for an office and driver's lounge. The Facility also includes a stand-alone auxiliary building which houses the District's "bus wash." All buses, related equipment and other personal property under this Contract shall be stored, maintained, and serviced at the Facility. The District may, at its sole discretion, permit other public, private and parochial school districts to use the Facility for their bus servicing operations, provided such use does not interfere with the District's or Contractor's operations under this Contract.

10. RATES, INVOICING AND PAYMENT

Unless otherwise stated herein, rates are as follows:

10.1 **Rates.** Rates for Transportation Services shall be in accordance with Contractor's rate schedule, attached hereto and incorporated herein by reference as **Exhibit B.** Maintenance Services rates are included within these specified rates.

The District shall not be charged for any Transportation Services that are not rendered. Contractor agrees to abide by the District's closing of schools, delay of schools and early dismissal of schools for weather-related or other calamity(ies). If the District needs to cancel any Transportation Services due to a calamity(ies), the District shall not be charged for those cancelled Transportation Services, provided that the District notifies the Contractor that Transportation Services are cancelled by 5:30 a.m. the day of the cancellation relative to Daily Transportation Services (and related shuttles) and at least two (2) hours prior to the departure time for Other Transportation Services. It is understood that all rates are based upon operational information provided by the District in the RFP. Should such information be incorrect, Contractor may request renegotiation of its rates. If renegotiations do not result in a mutual agreement as to such rates, the Contractor may terminate this Contract with ninety (90) days written notice to the District.

- 10.2 White Fleet Maintenance Rates.** Rates for maintenance and repair of the White Fleet shall be amount per labor hour as set forth in Section 4.2.3 above, or fraction thereof. All costs for parts required for requested maintenance or repair of the White Fleet will be paid by the District. All maintenance and repair of the White Fleet shall only be completed upon receipt of written approval from the District.
- 10.3 Rate Adjustment.** Adjustments to the rates for Transportation Services, paraprofessional/bus aide rates as required by the District and Maintenance Service rates for any Renewal Term(s) will be effective July 1 of that contract year. The rates for the first Renewal Term, if exercised by the District shall be determined by adjusting the rate for year three of the Initial Term by the lesser of: i) the percentage increase (but not decrease), if any, between the index number, as established by the Consumer Price Index, All Items, for the Detroit Metropolitan Area, published by the United States Department of Labor, Bureau of Labor Statistics for the prior calendar year; or ii) three percent (3%). The rates for any subsequent Renewal Term(s) shall be determined by the above formula. Rates may not otherwise be modified unless upon the mutual written agreement of the Parties.
- 10.4 Invoices.** Contractor shall invoice the District in equal installments on a once-per-month basis for all Transportation Services and Maintenance Services rendered under this Contract. Invoices shall itemize charges as requested by the District. The Contractor will invoice the District for all approved White Fleet Maintenance completed on a separate invoice and shall submit said invoice to the District together with the regular monthly invoice. Invoices shall be submitted to the Accounts Payable Department, Troy School District, 4400 Livernois Road, Troy, Michigan, 48098.
- 10.5 Payments.** Payment of undisputed amounts in each invoice shall be made within 30 days of receipt of the invoice. The District will issue one payment per month. Disputes regarding amounts contained in any invoice will be communicated to Contractor by the District, in writing, within ten (10) business days of the receipt of the disputed invoice. Payments of disputed amounts will be delayed unless Contractor is able to resolve the matter to the District's satisfaction within ten (10) business days prior to payment due date. The District will not be assessed any late payment penalties, fines or charges for disputed amounts not timely paid due to Contractor's failure to timely resolve the matter as set forth above.

11. INSURANCE

The Contractor shall maintain the following insurance in force at all times during the Initial Term and any Renewal Term(s) of this Contract, with an "A" rated Best insurance carrier acceptable to the District. The District and the Contractor agree that the Contractor shall maintain such insurance scheduled below as primary insurance to any insurance available to the District and that the District's insurance shall not contribute to any liabilities covered under the scheduled insurance below, but shall be considered excess of all such insurance. The Contractor and/or its insurer/claim administrator will be

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responsible for claim investigation and claim payments for all losses covered by its policies. It is further agreed that, for claims arising specifically under or relating to this Contract, the Contractor shall name the District, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof, as an "Additional Insured" under each separate policy of insurance scheduled below, in a form of endorsement to the policies approved by the District in writing. The Contractor agrees that each vehicle used to provide Transportation Services with respect to this Contract will be scheduled on any Automobile Insurance as required by the agreed upon commercial insurer.

<u>Policy</u>	<u>Minimum Limits</u>
(a) Workers' Compensation	Statutory
(b) Commercial General Liability	
(1) Bodily Injury Liability	\$1,000,000 each person \$1,000,000 each occurrence \$2,000,000 aggregate
(2) Property Damage Liability	\$1,000,000 each occurrence
(c) Business Automobile Liability	
(1) Bodily Injury Liability	\$1,000,000 each person \$2,000,000 each occurrence
(2) Property Damage Liability	\$1,000,000 each occurrence
(3) Property Damage to First Party Property	Replacement Cost
(d) Excess Umbrella Liability	
(1) Combined Single	\$5,000,000 each occurrence
(2) Limit Bodily Injury and/or Property Damage	\$5,000,000 aggregate
(e) Employer's Liability Insurance	\$500,000 each occurrence

Note: Commercial General Liability to include, but not limited to:

- i) Existence of busses or vehicles on location;
- ii) Contractual obligations;
- iii) Student Discipline; and
- iv) Negligent hiring.

These coverages and limits are to be considered minimum requirements under this Contract and shall in no way limit the liability or obligations of the Contractor under this Contract.

The Contractor shall cause all policies to include an endorsement to the effect that the policies shall not be modified, canceled or terminated without thirty (30) days prior written notice to the District Superintendent or his/her designee, as well as the requirement that the insurance carrier immediately notify the District when fifty percent (50%) of any aggregate limits on any of the above-require policies have been reached. In case of termination, the Contractor shall provide evidence of new insurance at the earliest possible date, but not later than ten (10) days prior to the termination of the original policy. Contractor shall provide said insurance before the effective date of this Contract and prior to the beginning of each school fiscal year. Moreover, the Contractor agrees to notify the District Superintendent or his/her designee immediately of any claim arising pursuant to said policies.

The Contractor shall not commence operations under this Contract until the Contractor has obtained all insurance stated in these requirements, all insurance has been reviewed by the District, and Certificates of such insurance have been made available to the District.

12. INDEMNIFICATION

12.1 General Indemnification. Except to the extent caused by the negligent acts or willful misconduct of the District (including it Board members, employees and agents), Contractor shall indemnify, defend and hold harmless the District, its Board and its Board Members in their official and individual capacities, its employees and agents, from and against all claims, counter-claims, suits, debts, demands, actions, judgments, liens, liabilities, costs, expenses, damages, and actual attorney fees and actual expert witness fees arising out of or in connection with Contractor's performance of the Transportation Services and Maintenance Services pursuant to this Contract and/or from Contractor's violation of any of the terms of the Contract, including, but not limited to: (i) the negligent acts or willful misconduct of the Contractor, its officers, directors, employees, agents and subcontractors; (ii) any breach of the terms of this Contract by the Contractor; (iii) any violation of applicable state and/or federal law, rule, ordinance, policy or regulations and/or licensing and permitting requirement applicable to providing the Transportation Services or Maintenance Services; or (iv) any breach of any representation or warranty by the Contractor under this Contract. The Contractor shall notify the District by certified mail, return receipt requested, immediately upon knowledge of any claim, suit, action, or proceeding for which it may be entitled to indemnification under the Contract.

12.2 Environmental Indemnification. Throughout the Initial Term, or any Renewal Term of this Contract, Contractor shall not permit itself or any third party to use, generate, handle, store or dispose of any Hazardous Substances in, on, under,

upon or affecting any District property in violation of any applicable law or regulation. As used herein, the term "Hazardous Substances" shall mean (i) any hazardous or regulated substance as defined by all federal, state and local environmental laws, including, but not limited to, Federal Water Pollution Control Act (33 U.S.C. §§ 1251 et seq.) ("Clean Water Act"), the Resource Conservation & Recovery Act (42 U.S.C. §§ 6901 et seq.) ("RCRA"), Safe Drinking Water Act (42 U.S.C. §§ 300f-j-26), Toxic Substances Control Act (15 U.S.C. §§ 2601 et seq.), Clean Air Act (42 U.S.C. §§ 7401 et seq.), the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. §§ 9601 et seq.) ("CERCLA"), the Emergency Planning and Community Right to Know Act, 42 U.S.C. §§ 11001 et seq. ("EPCRA"), the Michigan Natural Resources and Environmental Protection Act (MCL § 324.101 et seq.) the administrative rules and regulations promulgated under such statutes, or any other similar federal, state or local law or administrative rule or regulation of similar effect, each as amended and as in effect and as adopted as of the date of execution of this Contract, (ii) any other pollutant, contaminant, hazardous substance, solid waste, hazardous material, radioactive substance, toxic substance, noxious substance, hazardous waste, particulate matter, airborne or otherwise, chemical waste, medical waste, crude oil or any fraction thereof, radioactive waste, petroleum or petroleum-derived substance or waste, asbestos, PCBs, radon gas, all forms of natural gas, or any hazardous or toxic constituent of any of the foregoing, whether such substance is in liquid, solid or gaseous form, or (iii) any such substance the release, discharge or spill of which requires activity to achieve compliance with applicable law. This paragraph shall survive the expiration or earlier termination of this Contract.

13. TERMINATION

13.1 Termination For Cause. In the event the Contractor fails, at any time, to comply with, fully perform and strictly adhere to any covenant, condition or representation contained in this Contract or the Contract Documents, whether it be performed by the Contractor, its agents or employees, the District shall have the right to provide written notice to the Contractor of such breach. If such breach, in the District's reasonable discretion, causes the Contractor to provide the Transportation Services or Maintenance Services in any unsafe manner or process, including but not limited to, bus driver recruitment and training, bus driver safety process and procedure, pupil passenger safety process and procedure, vehicle specifications, inspection and maintenance, facility management and environmental compliance, routing, or pupil passenger pick-up/drop-up points, the Contractor shall be afforded forty-eight (48) hours to remedy any such breach from the time of receipt of such written notice. For any other such breach by Contractor, Contractor shall have fifteen (15) business days to remedy such breach from the time of receipt of such written notice. Notwithstanding the foregoing, if such safety breach is impossible to remedy within forty-eight (48) hours, only because of weather conditions making roads impassable or other acts of God or strikes, the District, at its option, may extend

said remedy period in its sole discretion, in writing. If Contractor fails to cure any breach with the forty-eight (48) hour or fifteen (15) day periods, or as those periods may be extended by the Parties, this Contract shall immediately terminate without the requirement of further notice to the Contractor. Further, failure to exercise the District's rights within forty-eight (48) hours or fifteen (15) days does not preclude any subsequent right to exercise at a later date. If the Contract is terminated in accordance with any of the provisions contained herein, all rights of the Contractor under the Contract shall cease.

14. PERMITS, LICENSES AND COMPLIANCE WITH LAWS

14.1 Permits and Licenses. Contractor, its employees and agents shall secure, at its sole cost and expense, and maintain all necessary permits, licenses and certifications as required by federal, state and local laws, including, but not limited to the Pupil Transportation Act.

14.2 Compliance with Laws. The Contractor shall comply with any and all laws, rules, regulation, ordinances, policies (including all permits and plans applicable thereto) and District policies, applicable to providing the Transportation Services and Maintenance Services contemplated under this Contract. The Contractor, including its employees and agents, shall be responsible for knowing the District's policies concerning appropriate behavior of persons in its schools, on its properties and in its buses, including for example, the prohibitions of sexual harassment, alcohol and smoking, and shall comply with all such policies. The District shall use its best efforts, as reasonably requested by the Contractor, to assist the Contractor to comply with any and all applicable federal, state or local laws, rules and regulations, as well as all District policies, procedures, rules and regulations. The Contractor by execution of this Contract represents and warrants that it shall at all times be in compliance with any and all applicable federal and state laws, rules, ordinances, policies and regulations and licensing and permitting requirement applicable to providing the Transportation Services and Maintenance Services contemplated under this Contract. The Contractor shall in the performance of such Transportation Services and Maintenance Services, fully comply with any and all applicable federal, state, or local laws, rules and regulations, and shall indemnify, defend and hold the District harmless from any liability from its failure to so comply. Notwithstanding the foregoing, in the event any federal, state, local or other governmental body's laws, rules or regulations are revised, changed or amended, or in the event there are revisions, changes or amendments to the District's policies, procedures, rules and regulations, the Contractor shall comply with all such revised, changed or amended laws, rules, regulations or policies. In the event that any governmental agency legally imposes such additional equipment requirements other than set forth herein on buses serving the District during the Initial Term or any Renewal Term(s) of this Contract which are necessary for the operation of this Contract, the District shall pay all costs associated with the installation of said additionally required equipment on District-owned buses and the Contractor shall pay all costs

associated with the installation of said additionally required equipment on Contractor-owned buses.

14.3 OSHA Compliance. All Transportation Services and Maintenance Services to be furnished by the Contractor and the Contractor's working conditions and employment practices shall comply with all applicable state and federal requirements, including, but not limited to, the Occupational Safety and Health Act.

15. GOVERNING LAW

This Contract shall be governed by and construed in accordance with the laws of the State of Michigan. The parties hereby agree to the exclusive jurisdiction and venue of courts sitting in Oakland County, Michigan.

16. TAXES

Contractor is responsible for sales taxes and any other applicable taxes related to the Transportation Services or Maintenance Services provided under this Contract.

17. REPAIRS TO PROPERTY DAMAGE

Damage to the District Facility or District property caused by the Contractor, its agents or employees shall be repaired so the Facility or properties are in as good condition as before entering into this Contract. All repairs shall be accomplished at no cost to the District.

18. ASSIGNMENT AND SUBCONTRACTING

This Contract shall not be assigned, nor subcontracted, in whole or in part, without the prior written consent of the District, but in no case shall such consent change the terms of the Contract. Notwithstanding the foregoing, the Contractor may assign this Contract if the assignment is made to a parent, subsidiary, related or affiliated company.

19. NOTICES

Unless otherwise provided in this Contract, all notices, requests, demands and other communications shall be in writing and are effective three (3) days after deposit in the U.S. mail, certified and postage paid, or upon receipt if personally delivered or sent by next-business-day delivery via a nationally recognized overnight courier to the addresses set forth below. The District or the Contractor may from time to time designate any other address for this purpose by providing written notice to the other Party.

19.1 To the District. All required notices to the District shall be delivered to the Superintendent, Troy School District, 4400 Livernois Road, Troy, Michigan, 48098, with a copy to Dana L. Abrahams, Esq, Clark Hill PLC, 151 S. Old Woodward Ave., Suite 200, Birmingham, MI 48009.

19.2 To the Contractor. All required notices to the Contractor shall be delivered to: Roger Moore, Region Vice President, First Student, Inc., 184 Shuman Boulevard, Suite 300, Naperville, Illinois, 60563, with copy to: First Student, Inc, Attn: General Counsel, 600 Vine Street, Suite 1400, Cincinnati, Ohio, 45202.

20. SEVERABILITY

In the event any provision(s) of this Contract shall be illegal or invalid for any reason, said provision(s) shall be deemed to be fully severable without affecting the remaining provisions of this Contract and this Contract shall be construed and enforced as if said illegal or invalid provision(s) had never been inserted herein.

21. NO WAIVER

No waiver of any term or condition of this Contract shall be valid or binding on either Party unless the same shall have been mutually assented to in writing by both Parties. The failure of either Party to enforce at any time any of the provisions of this Contract, or the failure to require at any time performance by the other Party of any of the provisions of this Contract, shall in no way be construed to be a present or future waiver of such provisions, nor in any way affect the validity of either Party to enforce each and every such provision thereafter.

22. COUNTERPARTS

This Contract may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one instrument.

23. ENTIRE CONTRACT

This instrument contains the entire Contract entered into between the Parties hereto, its terms may not be modified except in writing signed by the Contractor and the District. This Contract supersedes and takes the place of all prior contracts, and/or understandings, whether written or oral between the District and the Contractor.

24. INSOLVENCY

In the event, the Contractor becomes insolvent or seeks the protection of the U.S. Bankruptcy Court, then at the District's option; this Contract may be immediately terminated by the District.

25. NON APPROPRIATION OF FUNDS

The District represents (1) that it has adequate funds to meet its obligations under this Contract during the 2009-10 fiscal year, (2) that it intends to maintain this Contract from the full period set forth herein and has no reason to believe that it will not have sufficient funds to enable it to make all payments due hereunder during such period, and (3) that it will use its best effort to obtain the appropriations and that the availability of funds is contingent upon varied sources. If the District determines, in its discretion, that it lacks

adequate funds to pay part or all of the payments for the Transportation Services or Maintenance Services described in this Contract, the District's obligation under this Contract will terminate as of the date that the funding expires without further obligation to the Contractor.

26. FORCE MAJEURE

The Contractor agrees that its failure to comply with any of the terms and conditions of this Contract shall be grounds for termination of this Contract by the District in accordance with Paragraph 13 hereof. Notwithstanding the foregoing, if the performance by either party hereto of its respective non-monetary obligations of this Contract is delayed or prevented in whole or in parts by acts of God, fire, floods, storms, explosions, accidents, epidemics, war, civil disorder, strikes or other labor difficulties, or any law, rule regulation, order or other action adopted or taken by any federal, state or local government authority, or any other cause not reasonably within said Party's control, whether or not specifically mentioned herein, such party shall be excused, discharged and released of performance only to the extent such performance or obligation is so delayed or prevented by such occurrence without liability of any kind.

The District shall have the right to take over the operation of the buses if Contractor is prevented from operating for the reasons described above, whether such buses are supplied by Contractor or the District, and may operate such buses with school employees or other persons, as the District may deem appropriate until Contractor is able to resume its regular operations. The District shall pay to Contractor for the use of such buses, the compensation which would be due in accordance with the Contract had Contractor operated such buses, less all expenses and costs incurred in securing the services of operating personnel and other such costs of operation; provided, however, that District's deduction of such costs and expenses shall not exceed the difference between the total compensation paid to Contractor for such buses less Contractor's fixed costs of operation. If the District chooses to use Contractor vehicles, the District will be required to sign a vehicle lease agreement, provide a certificate of insurance and to the extent permitted by law, indemnify Contractor for any claims or demands arising out of or resulting from the District's use of said leased buses.

Notwithstanding the foregoing, in the event of a strike, the Contractor shall procure replacement personnel necessary to perform the Transportation Services and Maintenance Services. If the Contractor does not procure such replacement personnel, the District may procure the same and deduct the associated costs and expenses from the amounts owed to the Contractor, or terminate this Contract. It is agreed that a change in market conditions does not constitute force majeure.

27. LIQUIDATED DAMAGES

The District and Contractor agree that in certain circumstances, the actual amount of damages incurred by the District will be difficult to assess and/or may be immeasurable. Accordingly, under the following circumstances, the District may assess damages against the Contractor, to be paid as liquidated damages and not as a penalty or forfeiture. These

damages accrue in addition to the District's expectation that it will not pay for any Transportation Services or Maintenance Services that have not been provided.

No liquidated damages will be assessed during weeks in which ninety-eight (98) percent of all runs operated by the Contractor are neither early nor more than ten (10) minutes late when compared to the scheduled departure and arrival times. If fewer than ninety-eight (98) percent of all runs are operated on time, liquidated damages may be assessed for the following infractions:

A. Early, Late, and Missed Runs

Each bus that is either early or more than ten (10) minutes late, during which time a stop is missed (causing a need to backtrack or re-route another bus), the Contractor shall be subject to the assessment of \$100 in liquidated damages. In any case, no bus route shall be assessed more than three times that amount (\$300) per day for liquidated damages under this subsection. The provisions of this subsection do not apply when delays are caused by conditions beyond the control of the Contractor, as determined by the District.

B. Operation of a Bus That Is Unfit For Service

If the Contractor operates a bus unfit for service as determined by this Contract and all applicable laws, rules and regulations, the amount of \$1,000 will be paid as liquidated damages, and not as a penalty or forfeiture, by the Contractor to the District.

28. DISPUTE RESOLUTION

Except for the pursuit of injunctive relief, any claim, dispute, difference or disagreement (a "Dispute") arising under or relating to this Contract shall be settled in accordance with the following:

- (a) Any and all Disputes must be submitted in writing by the aggrieved party to the other party describing the Dispute in detail within a reasonable time after the occurrence of events giving rise to the Dispute or within a reasonable time after the claimant first recognizes the condition(s) giving rise to the Dispute, whichever is later, and a Dispute does not arise until such written notice is given;
- (b) Within thirty (30) days following the submission of the written Dispute, the party to whom the Dispute is submitted shall respond in writing. If no written response is provided within thirty (30) days, the Dispute shall be deemed denied;
- (c) As a pre-condition to litigation, if the Dispute is denied, either party may, within thirty (30) days of such denial,

refer the Dispute to non-binding arbitration in Oakland County, Michigan. The arbitrator shall be chosen in accordance with the rules of the American Arbitration Association then in effect, and the expense of the arbitration shall be shared equally by the District and the Contractor.

Nothing in this Section shall circumvent, effect or limit the District's right to terminate the Contractor in accordance with Section 13 of this Contract.

IN WITNESS WHEREOF: the Parties hereto on this day execute this PUPIL TRANSPORTATION AND TRANSPORTATION FLEET MAINTENANCE SERVICES CONTRACT as of the Effective Date.

TROY SCHOOL DISTRICT

FIRST STUDENT, INC.

By: Barbara Fowler
Its: Superintendent
Date: 6-30-09

By: Roger Moore
Name: Roger Moore
Title: Region VP
Date: 6/19/09

A 1

EXHIBIT A

FACILITY LEASE

[ATTACHED]

EXHIBIT A TO CONTRACT

LEASE AGREEMENT

THIS LEASE AGREEMENT (hereinafter "Lease") is made and entered into this 16th day of June, 2009, by and between **TROY SCHOOL DISTRICT**, a Michigan general powers school district, whose address is 4400 Livernois Road, Troy, Michigan 48098 (hereinafter referred to as "Landlord") and **FIRST STUDENT, INC.**, a Florida corporation, whose address is 600 Vine Street, Suite 1400, Cincinnati, Ohio, 45203 (hereinafter referred to as "Tenant").

RECITALS

A. The District issued a Request For Proposals for Student Transportation Services dated February 26, 2009, as amended by Addendum #1 and Addendum #2 thereto (collectively the "RFP") the purpose of which was to solicit proposals from qualified vendors with the ability to provide comprehensive pupil transportation services for the District at a more cost effective price.

B. The Contractor submitted to the District a Proposal in response to the RFP, dated March 26, 2009, to provide daily pupil transportation services and general transportation fleet maintenance services to the District (the "Proposal").

C. The Parties have, in accordance with the provisions of the RFP, conducted negotiations concerning the Contractor's Proposal.

D. Pursuant to the Pupil Transportation and Transportation Fleet Maintenance Services Contract between Landlord and Tenant, dated May __, 2009 (the "Contract"), incorporated herein by reference as if fully set forth herein, Tenant shall provide certain Transportation Services and Maintenance Services (as those terms are defined in the Contract) to the Landlord.

E. In accordance with the Contract, Tenant desires to lease from Landlord the Landlord's Transportation Maintenance Facility, including parking areas, located at 120 Hart Street, Troy, Michigan 48098 (the "Facility"), in order to provide the Transportation Services and Maintenance Services under the Contract. The Facility also includes a stand-alone auxiliary building which houses the "bus wash."

NOW THEREFORE, in consideration of the foregoing and the mutual covenants set forth herein, the Parties agree as follows:

1. Leased Premises: In consideration of the rents, covenants and conditions contained herein, and as further defined in Paragraph 2 of this Lease, Landlord hereby leases to Tenant and Tenant hires from Landlord the Facility (the "Leased Premises").

2. Use of Leased Premises: During the Lease Term, Tenant shall use and occupy the Leased Premises for the sole purpose of storage, maintenance, service and repair of Landlord-owned and Tenant-owned buses and the Landlord's White Fleet (as defined in the Contract) servicing the District and to provide the Transportation Services and Maintenance Services required under the terms and conditions of the Contract and for no other purpose(s) without the

prior written consent of Landlord. Tenant shall have exclusive use of the Leased Premises, subject to this Paragraph and Paragraph 25 of this Lease. Notwithstanding the foregoing, the District may, at its sole discretion, permit other public, private and/or parochial school districts to use a portion of the Facility for their bus servicing operations, provided such use does not interfere with the Tenant's provision of the Transportation Services and Maintenance Services contemplated under the Contract. Tenant shall not do or permit to be done any act or thing upon the Leased Premises that will increase the cost of casualty and liability insurance above the insurance costs normally associated with Tenant's principal activities as herein described. Tenant shall not use the Leased Premises or permit the Leased Premises to be used for the doing of any act or thing that constitutes a violation of any valid federal, state or local law, order, rule or regulation of any governmental authority. Tenant is responsible for verifying that anyone performing work on behalf of Tenant under this Lease has obtained and maintains all necessary licenses and permits to provide the Transportation Services and Maintenance Services under the Contract. Tenant shall use and occupy the Leased Premises subject to all School District policies, procedures or regulations of Landlord. Tenant shall not perform any acts or carry on any practices which may injure the Leased Premises or be a nuisance and shall keep the Leased Premises under its control clean and free from rubbish and dirt at all times, and it is further agreed that in the event the Tenant shall not comply with these provisions, and Landlord has given Tenant ten (10) days prior notification of such situation, Landlord may enter upon the Leased Premises and have any said rubbish and dirt removed, in which event Tenant agrees to pay all reasonable charges that Landlord shall pay for hauling rubbish and dirt. Said charges shall be deducted by Landlord from the amounts owed to Tenant under the Contract.

3. Term: The term of this Lease shall be the same as the term of the Contract (the "Lease Term"). The Lease Term shall commence on July 1, 2009 and end when the Contract expires or is earlier terminated. Tenant hereby acknowledges that it has no expectation of a lease for the Leased Premises beyond the Lease Term.

4. Rent: Tenant shall pay Landlord as annual rent for the Leased Premises during the Lease Term the sum of One and 00/100 (\$1.00) Dollar.

5. Acceptance of the Leased Premises: Tenant acknowledges that it has examined the Leased Premises prior to the making of this Lease and knows the conditions thereof. Tenant further acknowledges that no representation as to the condition or state of repairs thereof have been made by Landlord or its agents which are not herein expressed. Tenant hereby accepts the Leased Premises in its present "AS IS" condition as of the date of this Lease.

6. Alterations and Improvements: Tenant shall not make any alterations, additions, or improvements to the Leased Premises without Landlord's prior written consent.

7. Maintenance and Repairs: Tenant agrees to keep the Leased Premises in good order and repair as reasonably required to keep the Leased Premises in its current condition, normal wear and tear excepted. In addition, Tenant shall be responsible for all damages to the Leased Premises caused by the negligence or willful acts of Tenant and Tenant's agents, representatives, employees, invitees and licensees. Notwithstanding the foregoing, Landlord shall be responsible for all major capital improvements or repairs to the Leased Premises.

8. Utilities: Tenant shall pay for the cost of all utilities supplied to the Leased Premises during the Lease Term. Such payment shall be made within thirty (30) days of Tenant's receipt of an invoice from Landlord detailing such costs. Landlord shall not be responsible to Tenant for any loss or interruption of utility services.

9. Janitorial Services: Tenant shall furnish, at its own expense, all janitorial services for the operation of the maintenance garage area of the Leased Premises. Tenant shall provide janitorial services for the office space and driver's lounge areas of the Lease Premises. However, in the event the Tenant's use of the Leased Premises shall render the Leased Premises with excessive dirt and rubbish, as determined in the sole discretion of Landlord, the Tenant hereby agrees to reimburse Landlord for the direct expense that Landlord incurs in providing janitorial services to remediate such condition, including salary and/or hourly wage of its employees as well as any overtime expenses incurred and the cost of janitorial supplies.

10. Snow Removal and Grounds Maintenance: Tenant shall be responsible for all snow removal and grounds maintenance for the Facility. Tenant shall be responsible for all snow removal from all buses and vehicles.

11. Parts, Hand Tools, Supplies, Materials and Equipment: On or before July 15, 2009, Landlord and Tenant shall mutually inventory all spare parts, including but not limited to motor oil, spark plugs, windshield wipers, air filters, tires, etc. (collectively the "Spare Parts"), hand tools, supplies, materials and equipment which are owned by the Landlord and located at the Leased Premises (the "Inventory"). Any and all Spare Parts, hand tools, supplies, materials and equipment which are mutually deemed to be obsolete will be properly disposed of by Landlord. Any and all Spare Parts, hand tools, supplies, materials and equipment which are mutually deemed useable by Landlord and Tenant for the provision of the Transportation Services and Maintenance Services under the Contract may be utilized by Tenant. Existing Spare Parts shall be used solely for the maintenance and repair of Landlord-owned vehicles and buses. Once the existing allotment of Spare Parts, hand tools, supplies, materials and equipment is exhausted, it shall be Tenant's responsibility to procure all Spare Parts, hand tools, supplies, materials and equipment necessary to provide the Transportation Services and Maintenance Services required under the Contract. Landlord shall be responsible, subject to Paragraph 7 above, for the repair and/or replacement of any large tools and equipment, being such tools and equipment which are fixtures or immovable tools and equipment within the Leased Premises (the "Large Equipment"). Such Large Equipment will be specified in the Inventory mutually conducted by the Landlord and Tenant and will be maintained by Tenant and returned to Landlord upon the expiration or earlier termination of this Lease, normal wear and tear excepted. Any damage to, or loss of, any tools, supplies, materials and equipment in the Inventory shall be repaired or replaced at Tenant's sole cost and expense.

12. Tenant's Personal Property: Any personal property kept on the Leased Premises by Tenant shall be insured at Tenant's sole risk, and Tenant shall acquire such policy or policies of insurance thereon as Tenant in its best judgment shall determine.

13. Building Insurance: Landlord shall cause the building and its improvements to be insured against loss or damage under a policy or policies of fire and extended coverage insurance, including "additional perils."

14. Insurance: In addition to the insurance required under the Contract, Tenant, at its sole cost and expense during the Lease Term, shall maintain and keep in effect (i) commercial general liability insurance in an amount not less than One Million and 00/100 (\$1,000,000.00) Dollars for injury to or death of one person, or not less than Two Million and 00/100 (\$2,000,000.00) Dollars for injury to or death of more than one person, in any one accident or occurrence and One Million and 00/100 (\$1,000,000.00) Dollars for damage to property. The policy or policies of such insurance shall include Landlord as both an additional named insured and loss payee for claims arising specifically out of or relating to this Lease Agreement. Tenant agrees to deliver to Landlord, within fifteen (15) days after the receipt of a request, either a duplicate original or certificate of all policies procured by Tenant in compliance with its obligations hereunder, together with evidence of payment thereof, and including an endorsement which states that such insurance may not be cancelled except upon ten (10) days written notice to Landlord. Tenant may, at its option, bring its obligation to insure under this Paragraph within the coverage of any so-called blanket policy or policies of insurance which it may now or hereafter carry, by appropriate amendment, rider, endorsement or otherwise; provided, however, that the interest of Landlord shall thereby be as fully protected as they would otherwise if this option to Tenant to use blanket policies were not permitted.

15. Indemnification: Except to the extent caused by the negligent acts or willful misconduct of the Landlord (including its Board members, employees and agents), Tenant shall indemnify, defend and hold Landlord, officers and members of its Board of Education (in their official and individual capacities) and employees harmless from and against any and all claims, counter-claims, suits, debts, demands, actions, judgments, liens, liabilities, costs, expenses, including actual attorneys fees and actual expert witness fees, arising out of or in connection with Tenant's use and occupancy of the Leased Premises, from the negligence of Tenant, its agents, representatives, employees, contractors, licensees, invitees, and/or from Tenant's violation of any of the terms of this Lease.

16. Damage or Destruction - Fire or Other Cause: In the event of a partial destruction of the Leased Premises, the Landlord shall, as promptly as possible, unless Landlord shall elect not to rebuild, repair the same, provided such repairs can reasonably be made within ninety (90) days (or within such other period as Landlord and Tenant may agree upon) from said destruction or damage under normal working conditions, and pursuant to applicable law, ordinances, and regulations. In such case, this Lease shall not be terminated. In the event that such repairs cannot reasonably be made within ninety (90) days time (or such other period as Landlord and Tenant may agree upon), or in the event Landlord shall elect not to rebuild, repair the same, either party hereto at its option may terminate this Lease upon written notice to the other. In any event, the destruction of substantially all of the Leased Premises shall cause this Lease to automatically terminate, without the requirement of notice.

17. Environmental Warranty: Tenant represents, warrants and covenants to Landlord the following:

Tenant's use of the Leased Premises and its activities thereon shall comply with all "Environmental Laws," which, for purposes of this lease, shall mean all federal, state and local environmental laws, including, but not limited to, The Hazardous Materials Transportation Act, (47 USC §§ 1801 *et seq.*), Federal Water Pollution Control Act (33 U.S.C. §§ 1251 *et seq.*)

("Clean Water Act"), the Resource Conservation & Recovery Act (42 U.S.C. §§ 6901 *et seq.*) ("RCRA"), Safe Drinking Water Act (42 U.S.C. §§ 300f-j-26), Toxic Substances Control Act (15 U.S.C. §§ 2601 *et seq.*), Clean Air Act (42 U.S.C. §§ 7401 *et seq.*), the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. §§ 9601 *et seq.*) ("CERCLA"), the Emergency Planning and Community Right to Know Act, 42 U.S.C. §§ 11001 *et seq.* ("EPCRA"), the Michigan Natural Resources and Environmental Protection Act (MCL § 324.101 *et seq.*) the administrative rules and regulations promulgated under such statutes, or any other similar federal, state or local law or administrative rule or regulation of similar effect, each as amended and as in effect and as adopted as of the date of execution of this Lease.

The Parties acknowledge that the Tenant's activities as defined in Paragraph 2 above may involve the use, generation and storage of Hazardous Substances as defined below; however, Tenant shall not dispose of or allow the release, spillage or emission of Hazardous Substances on the Leased Premises. For purposes of this Lease, "Hazardous Substances" shall mean (i) any hazardous or regulated substance as defined by Environmental Laws (ii) any other pollutant, contaminant, hazardous substance, solid waste, hazardous material, radioactive substance, toxic substance, noxious substance, hazardous waste, particulate matter, airborne or otherwise, chemical waste, medical waste, crude oil or any fraction thereof, radioactive waste, petroleum or petroleum-derived substance or waste, asbestos, PCBs, radon gas, all forms of natural gas, or any hazardous or toxic constituent of any of the foregoing, whether such substance is in liquid, solid or gaseous form, or (iii) any such substance the release, discharge or spill of which requires activity to achieve compliance with applicable law.

Tenant shall immediately and promptly notify Landlord of any release, discharge, spill or emission of Hazardous Substances on, to or from the Leased Premises, and any complaint, summons, citation, notice, directive, order, claim, litigation, judicial or administrative proceeding, inquiry or investigation judgment, letter or other communication from any governmental agency, department, bureau, office or other authority, or any third party involving violations of Environmental Laws with respect to the Leased Premises.

The Landlord shall be responsible for any environmental conditions existing on the Leased Premises prior to the commencement of the Lease Term.

18. Environmental Indemnification

A. Tenant hereby agrees to indemnify, defend and hold harmless Landlord, its successors, assigns, officers and members of its Board of Education (in their individual and official capacities) and employees, from and against any and all fines, charges, penalties, losses, costs, damages, liabilities, cleanup or response activity costs and/or expenses (including reasonable attorneys' fees and actual consultants' fees) incurred by Landlord as a result of any claims, demands, actions, causes of action, suits, proceedings, investigations, assessments and audits, whether of law or in equity (collectively "Claims") attributable to (i) any third party claim or demand in connection with any Hazardous Substances generated, stored, leaked, spilled, discharged, emitted, or otherwise disbursed, in, on, under, above or about the Leased Premises, or violation of any Environmental Laws, from and after the date of this Lease; (ii) injuries sustained or other tort actions brought for Claims arising out of or related to any Hazardous Substances; (iii) the presence, disposal (including off-site disposal), escape, leakage,

discharge, emission, release or threatened release of any Hazardous Substances in, on, under, above, from or about the Leased Premises; and (iv) compliance with any administrative notice, order, request or demand relative to any Hazardous Substances on the Leased Premises or violation of any Environmental Laws.

B. Tenant's indemnification described above specifically includes, but is not limited to, the direct obligation of the Tenant to promptly perform any remedial or other activities required or ordered by any administrative agency or government official, or are otherwise necessary to avoid injury or liability to any person or property, to prevent the spread of any pollution and/or contamination, or to permit the continued safe use of the Leased Premises.

C. Notwithstanding the foregoing, in no event shall Tenant indemnify, defend or hold harmless Landlord, its successors, assigns, officers and members of its Board of Education (in their individual and official capacities) and employees, from and against any and all fines, charges, penalties, losses, costs, damages, liabilities, cleanup or response activity costs and/or expenses (including reasonable attorneys' fees and actual consultants' fees) arising from or attributable to: (a) any Hazardous Substances generated, stored, leaked, spilled, discharged, emitted, or otherwise disbursed, in, on, under, above or about the Leased Premises in violation of any Environmental Laws, prior to the date of this Lease; or (b) any condition arising from the negligence or willful misconduct of Landlord, its successors, assigns, officers and members of its Board of Education (in their individual and official capacities), employees, or any other Tenant.

19. Assignment and Subletting: Tenant shall not assign, or in any manner encumber this Lease, nor any part, right, or interest thereof, nor shall Tenant let or sublet or permit any part of the Leased Premises to be used or occupied by others for any reason whatsoever, without Landlord's advance written consent, which consent is discretionary in Landlord solely. Any assignment, transfer, hypothecation, mortgage, or sub-letting without the prior written consent of Landlord shall give Landlord the right to terminate this Lease and re-enter and repossess the Leased Premises. Notwithstanding the foregoing, the Tenant may assign this Lease Agreement if the assignment is made to a parent, subsidiary, related or affiliated company.

20. Default and Termination: Default and termination shall be governed by terms and conditions of the Contract. Notwithstanding the foregoing, upon termination of this Lease, Landlord may without further notice re-enter the Leased Premises and dispossess Tenant or any other occupant of the Leased Premises and remove its effects and hold the Leased Premises as if this Lease had not been made, saving and reserving to Landlord any other remedies which Landlord may have for the recovery of rent or damages due or to become due by virtue of this Lease or the breach thereof by Tenant. Should Landlord at any time permit payments of rent to be made after the time it is due, as stipulated herein, such delays shall not be construed as any waiver by Landlord of its right to have the rent for said Leased Premises paid monthly in advance. Any failure at any time by either of the parties hereto to enforce any of the provisions of this Lease shall not be construed as a waiver of such provisions nor of such party's right to enforce the same upon any subsequent occasion or default.

21. Bankruptcy: If Tenant shall file a petition in voluntary bankruptcy or be voluntarily or involuntarily adjudicated bankrupt or insolvent, or shall make an offer of composition to its creditors, or shall make an assignment for the benefit of creditors, or shall file a petition or answer seeking reorganization or readjustment under the federal bankruptcy laws or any other law or statute of the United States or any state thereof, or if a receiver or trustee shall be appointed for Tenant or for all or a substantial part of the property of Tenant and Tenant is not released from such receiver or trustee within thirty (30) days after appointment, or if an order shall be entered approving the reorganization of Tenant or the readjustment of Tenant's debts or obligations under the federal bankruptcy laws or any other law or statute of the United States or any state thereof, then any of such events shall be deemed to be a breach, default and anticipatory breach of this Lease. In any of such events and whenever and as often as any such failure, default, breach or anticipatory breach shall occur, the term hereof, at the option of Landlord, shall cease and determine and from thenceforth it shall be lawful for Landlord to re-enter into and repossess the Leased Premises situated thereon and Tenant and each and every occupant to remove and put out and to relet said Leased Premises for his own benefit; but reserving to Landlord all such rights as he may have for damages or otherwise because of said default, breach or anticipatory breach of Tenant.

22. Damages: In the event of the termination of this Lease or any provisions of law by reason of Tenant's default hereunder, Tenant shall pay Landlord as damages sums equal to the Rent which would have been payable by Tenant had this Lease not so terminated, payable on the days specified in Paragraph 4, until the expiration of the full Lease Term hereby granted; provided, that Landlord shall have the duty to mitigate such damages by reletting all or any part of the Leased Premises during said period, and Landlord shall credit Tenant with the excess of the rents received from such reletting over the expenses of the termination of the Lease and of the reletting, excluding any redecoration costs.

23. Surrender of Leased Premises: Upon the expiration of the Lease Term, Tenant shall quit and surrender the Leased Premises to Landlord in good order and condition, ordinary wear and damage excepted; and subject to Paragraph 7 hereof Tenant shall remove all of its property and shall repair any damage to the Leased Premises or any of Landlord's property, real or personal, caused by such removal.

24. Mechanics' Liens: Tenant shall pay all costs for construction done by it or caused to be done by it on the Leased Premises as permitted by this Lease. Tenant shall keep the Facility, its improvements, and the land of which the Leased Premises are a part, free and clear of all mechanics' liens resulting from construction done by or for Tenant.

25. Access to Leased Premises: Landlord shall at all times have the right to access the Leased Premises for the purpose of, without limitation, carrying out its day-to-day operations, to inspect the Leased Premises, preventing waste, loss, or destruction, removing obstructions, making such repairs or obligations as are necessary to protect the Leased Premises, performing any of its duties and obligations under the terms and conditions of this Lease or the Contract and/or monitor the Tenant's activities to ensure Tenant's compliance with the terms and conditions of the Contract. Moreover, in the event of an emergency which requires Landlord to use the Leased Premises, Landlord's needs/requirements for the Leased Premises shall take

precedence over Tenant's rights hereunder. Determination of priority of use of the Leased Premises shall be determined by Landlord in its sole and absolute discretion.

26. Compliance: Tenant shall, at its own expense, under penalty of forfeiture and damages, promptly comply with all laws, orders, regulations or ordinances (including all permits and plans applicable thereto) of all Municipal, County, State, and Federal authorities affecting use of the Leased Premises with respect to the cleanliness, safety, occupation, and use of same.

27. Challenge: Landlord, although presently unaware of any such non-compliance, does not covenant that the Leased Premises are in compliance with applicable Municipal, County, State, and Federal laws, including, but not limited to, fire, safety, handicap, barrier free, zoning and use ordinances or laws and other governmental regulations relating to the use of the facility for the purpose intended through this Lease.

28. Holding Over: Any holding over by the Tenant after the expiration or termination of this Lease or the Contract, without the consent of Landlord, shall be construed to be a tenancy from month to month and the Rent to be paid by Tenant shall be at fair market value as determined by Landlord in its sole discretion. Acceptance by Landlord of such payments after such expiration or termination shall not constitute a renewal of this Lease. This provision shall not operate as a waiver of Landlord's right to re-entry or any other right of Landlord, and Tenant shall be a Tenant at sufferance only during the period of any such holding over without the consent of Landlord.

29. Taxes and Special Assessments: If the Leased Premises are placed on the tax assessment rolls based upon Tenant's usage, then any real estate taxes, personal property taxes and/or special assessments assessed or levied against the Leased Premises during the Lease Term shall be borne by Tenant as additional Rent.

30. No Waiver: The failure of either party to enforce any covenant or condition of this Lease shall not be deemed a waiver thereof or of the right of either party to enforce each and every covenant and condition of this Lease. No provision of this Lease shall be deemed to have been waived unless such waiver is in writing.

31. Notices: Unless otherwise provided in this Lease, all notices, requests, demands and other communications shall be in writing and are effective three (3) days after deposit in the U.S. mail, certified and postage paid, or upon receipt if personally delivered or sent by next-business-day delivery via a nationally recognized overnight courier to the addresses set forth below. The Landlord or the Tenant may from time to time designate any other address for this purpose by providing written notice to the other Party.

A. To the Landlord. All required notices to the Landlord shall be delivered to the Superintendent, Troy School District, 4400 Livernios Road, Troy, Michigan 48098, with a copy to Dana L. Abrahams, Esq, Clark Hill PLC, 151 S. Old Woodward Ave., Suite 200, Birmingham, MI 48009.

B. To the Tenant. All required notices to the Tenant shall be delivered to: Roger Moore, Region Vice President, First Student, Inc., 184 Shuman Boulevard, Suite 300,

Naperville, Illinois, 60563, with copy to: First Student, Inc, Attn: General Counsel, 600 Vine Street, Suite 1400, Cincinnati, Ohio, 45202.

32. Heirs and Assigns: The covenants, conditions and agreements contained in this Lease shall bind and inure to the benefit of Landlord and Tenant and their respective successors and assigns, subject to the limitation on assignment as herein contained.

33. Vacation or Abandonment: In the event Tenant shall abandon or vacate the Leased Premises before the end of the term, Landlord shall have the right and duty to relet the Leased Premises for such rent and upon such terms as Landlord is able to obtain. In the event a sufficient sum is not realized by such reletting, to pay to Landlord the equivalent of the rents reserved to Landlord from Tenant under the provisions of this Lease, Tenant promises and agrees to pay to Landlord the amount of such deficiency each month during the balance of such term.

34. Condemnation: If any part of the Leased Premises is taken for any public or quasi-public purpose pursuant to any power of eminent domain, or by private sale in lieu of eminent domain, either the Landlord or the Tenant may terminate this Lease, effective the date the public authority takes possession. All damages for the condemnation of the Leased Premises, or damages awarded because of the taking, shall be payable to the sole property of the Landlord.

35. Quiet Enjoyment: Landlord covenants and agrees with Tenant that upon Tenant paying the rent and observing and performing all the terms, covenants and conditions of Tenant's part to be performed and observed, Tenant may peaceably and quietly enjoy the Leased Premises for the full term hereof.

36. Policies/Regulations: Tenant, including its agents, representatives, employees, contractors, invitees, licensees and students shall at all times comply with all of the Troy School District policies, procedures and regulations.

37. Miscellaneous Provisions: The following miscellaneous provisions form a part of this Lease:

- A. Time is of the essence of each provision of this Lease.
- B. Rent and all other sums payable under this Lease must be paid in lawful money of the United States of America.
- C. The unenforceability, invalidity, or illegality of any provision shall not render the other provisions unenforceable, illegal, or invalid.
- D. This Lease shall be construed and interpreted in accordance with the laws of the State of Michigan.
- E. This Lease contains all of the agreements of the parties and cannot be amended or modified except by a written agreement.
- F. The captions of this Lease shall have no effect on its interpretation.

G. The parties hereto agree that no employees, volunteers, agents and personnel of either party shall be considered to be employees of the other, and acknowledge that this Lease does not create a partnership or joint venture between them.

IN WITNESS WHEREOF, the parties have caused this Lease to be executed as of the day and year first above written.

TROY SCHOOL DISTRICT

By: _____

Its: _____

Date: _____

[Handwritten Signature]
Superintendent
6-30-09

FIRST STUDENT, INC.

By: _____

Its: _____

Date: _____

Roger Moay
Region VP
6/19/09

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EXHIBIT B

CONTRACTOR'S PRICING SHEET(S)

[ATTACHED]

**EXHIBIT B
TROY SCHOOL DISTRICT
Transportation Services**

Detailed Pricing Summary Explanation of Proposer's Pricing

(To be provided by the Proposer referencing pricing elements, amounts, conditions and assumption as identified in the Request for Proposals and the Contract)

School District Owned Buses	Current Routes	<u>Cost Per Route Per Day</u>		
		2009/2010	2010/2011	2011/2012
Regular Transportation	40	\$ 188.78	\$ 194.44	\$ 200.28
Daily Shuttles (these are included in am/pm runs)	25	\$ 65.00	\$ 66.95	\$ 68.96
Mid-Day Routes (these are part of of am/pm runs)	24	\$ 43.00	\$ 44.29	\$ 45.62
Special Education Transportation	31	\$ 225.73	\$ 232.50	\$ 239.48
Vocational Education	2	\$ 64.00	\$ 65.92	\$ 67.90
Field Trips	Per Hour	\$ 45.00	\$ 46.35	\$ 47.74
	Per Mile	\$ -	\$ -	\$ -
	Minimum Trip Charge	\$ 45.00	\$ 46.35	\$ 47.74
Athletic Runs	Per Hour	\$ 45.00	\$ 46.35	\$ 47.74
	Per Mile	\$ -	\$ -	\$ -
	Minimum Trip Charge	\$ 45.00	\$ 46.35	\$ 47.74
Extra-Curricular	Per Hour	\$ 45.00	\$ 46.35	\$ 47.74
	Per Mile	\$ -	\$ -	\$ -
	Minimum Trip Charge	\$ 45.00	\$ 46.35	\$ 47.74

The minimum charge for a "conflicting" trip is \$90. A conflicting trip is defined as a trip which requires service prior to 9:00 am, or between the hours of 2:00 pm and 4:00 pm on school days.

**EXHIBIT B
TROY SCHOOL DISTRICT
Transportation Services**

Contractor Owned Buses	Current Routes	Cost Per Route Per Day		
		2009/2010	2010/2011	2011/2012
Regular Transportation	40	\$ 216.23	\$ 222.72	\$ 229.40
Daily Shuttles (these are included in am/pm runs)	25	\$ 73.00	\$ 75.19	\$ 77.45
Mid-Day Routes (these are part of of am/pm runs)	24	\$ 52.00	\$ 53.56	\$ 55.17
Special Education Transportation	31	\$ 251.38	\$ 258.92	\$ 266.69
Vocational Education	2	\$ 65.00	\$ 66.95	\$ 68.96
Field Trips	Per Hour	\$ 45.00	\$ 46.35	\$ 47.74
	Per Mile	\$ -	\$ -	\$ -
	Minimum Trip Charge	\$ 45.00	\$ 46.35	\$ 47.74
Athletic Runs	Per Hour	\$ 45.00	\$ 46.35	\$ 47.74
	Per Mile	\$ -	\$ -	\$ -
	Minimum Trip Charge	\$ 45.00	\$ 46.35	\$ 47.74
Extra-Curricular	Per Hour	\$ 45.00	\$ 46.35	\$ 47.74
	Per Mile	\$ -	\$ -	\$ -
	Minimum Trip Charge	\$ 45.00	\$ 46.35	\$ 47.74

OTHER TRANSPORTATION SERVICES		2009/2010	2010/2011	2011/2012
Bus Aides 5.5 Hours Per Day	Per Hour	\$ 24.00	\$ 24.72	\$ 25.46
White Fleet Maintenance Labor Cost/Hour with Parts at Cost	Per Hour	\$ 40.00	\$ 41.20	\$ 42.44
Performance Bond	Per Year	\$ 20,000.00	\$ 20,600.00	\$ 21,218.00

The minimum charge for a "conflicting" trip is \$90. A conflicting trip is defined as a trip which requires service prior to 9:00 am, or between the hours of 2:00 pm and 4:00 pm on school days.

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EXHIBIT C

BUS PURCHASE SCHEDULE AND SPECIFICATIONS

[ATTACHED]

EXHIBIT C TO CONTRACT

BUS PURCHASE SCHEDULE AND SPECIFICATIONS

Purchase Schedule

The Contractor shall purchase new buses to be used and maintained to provide the Transportation Services in accordance with the terms and conditions of the Contract under the following Schedule:

Year 1 of Initial Term of Contract:	Zero (0) Buses
Year 2 of Initial Term of Contract:	Zero (0) Buses
Year 3 of Initial Term of Contract:	Twenty-Four (24) New Buses

It is agreed by the Parties that title to the twenty-four (24) new buses purchased by Contractor in Year 3 of the Initial Term of the Contract will remain with the Contractor. Notwithstanding the foregoing, the Contractor shall notify the District at least thirty (30) days prior to placing any order for, or purchasing, said new bus(es) and shall obtain written approval from the District authorizing said order/purchase of the new bus(es). If the Contractor does not receive said written approval, the Contractor shall not order/purchase said new bus(es). Moreover, the Contractor shall notify the District in writing at least thirty (30) days prior to placing any order for, or purchasing any new or replacement bus(es) and such notice shall indicate the District-owned bus(es) which is/are being permanently retired/replaced to enable the District to sell or dispose of said retired/replaced District-owned bus(es). Notwithstanding the above, the District reserves the right to request Contractor to purchase new buses earlier than Year 3 of the Initial Term as set forth above, if such earlier purchase is mutually agreed upon in writing by the Parties.

The schedule of any needed bus purchases for any Renewal Term(s) of the Contract shall be mutually agreed upon by the Parties in writing if the Contract is renewed by the District in accordance with the terms and conditions thereof.

Bus Specifications

All buses used for the provision of the Transportation Services shall not exceed the age of twelve (12) years, and have an average age of eight (8) years. The specifications of any bus used to provided Transportation Services under the Contract shall comply with the terms and conditions of the Contract and shall meet or exceed any and all requirements required by applicable federal, state and local laws, rules, regulations and ordinances. When notifying the District of the potential placement of an order for the purchase of a new bus(es), the Contractor shall notify the District of the exact specifications of said new bus(es) and the Contractor and the District shall mutually agreed upon said specifications in writing.

FIRST AMENDMENT AND EXTENSION OF PUPIL TRANSPORTATION
AND TRANSPORTATION MAINTENANCE SERVICES CONTRACT

THIS FIRST AMENDMENT AND EXTENSION OF PUPIL TRANSPORTATION AND TRANSPORTATION FLEET MAINTENANCE SERVICES CONTRACT, (the "Amendment") is entered into as of this _____ day of _____, 20__ (the "Effective Date") by and between TROY SCHOOL DISTRICT, a Michigan general powers school district, whose address is 4400 Livernois Road, Troy, Michigan, 48098 (hereinafter the "District") and FIRST STUDENT, INC., a Delaware corporation, whose address is 600 Vine Street, Suite 1400, Cincinnati, Ohio 45202 (hereafter the "Contractor") (each a "Party" and collectively the "Parties").

A. Whereas the parties entered into that certain PUPIL TRANSPORTATION AND TRANSPORTATION FLEET MAINTENANCE SERVICES CONTRACT dated as of June 16, 2009 (as hereby amended, the "Contract"); and

B. Whereas, the parties wish to extend and amend the terms of the Contract;

Now THEREFORE, in consideration of the foregoing and the mutual covenants set forth herein, the Parties agree as follows:

1. RESTATEMENT CONSTITUTES THE CONTRACT

1.1 Incorporation By Reference.

Changes or modifications to the Contract are contained within the this Amendment. Except as amended herein, all other terms and conditions of the Contract shall remain in full force and effect.

1.2 Order of Precedence

Contract documents, which all are incorporated herein by reference, include the following:

- a. this Amendment and any exhibits hereto;
- b. the unamended Contract, including the order of precedence set forth therein

To the extent that the terms and conditions of the Contract documents are in conflict, the terms and conditions shall be interpreted in the above-referenced order: (a) then (b). However, the Parties also agree that where there is not a conflict between any of the terms and conditions contained in the above-referenced contract documents, all of the contract documents shall be binding upon both parties.

To the extent that the terms and conditions of the Contract Documents are in conflict, the terms and conditions shall be interpreted in the above-referenced order from (i) to (vi). However, the Parties also agree that where there is not a conflict between any of the terms and conditions contained in the above-referenced Contract Documents, all of the Contract Documents shall be binding upon both parties.

2. CONTRACT DURATION AND CHARACTERISTICS

2.1 Term. The term of this Amendment shall be for a period of two (2) years, commencing July 1, 2012 and ending June 30, 2014 (the "Term").

2.2 Renewal Term(s) The District shall have the option to extend the Contract on a year-to-year basis, subject to the written approval of the District's Board of Education, in its sole discretion (each a "Renewal Term"). Nothing in the Contract requires the District to exercise its option for a Renewal Term and Contractor has no expectation of a contract beyond the Term, or a Renewal Term if any are exercised. The Parties agree to use reasonable efforts to commence the negotiation process for the first Renewal Term, if any, on or before February 1, 2014, and by February 1st of any following Renewal Term(s).

3. RELATIONSHIP BETWEEN PARTIES

3.1 Independent Contractor. It is expressly agreed between the Contractor and the District that the Contractor will act as an independent contractor in the performance of its duties under this Contract and under no circumstances shall any of the employees of one party be deemed the employees of the other for any purpose. Accordingly, Contractor shall meet all of its obligations and responsibilities for payment of all taxes including Federal, State and Local taxes arising out of contractor's activities in accordance with this Contract, including by way of illustration but not limitation, Federal and State income tax, Social Security tax, Unemployment Insurance taxes, Workers' Compensation Insurance and any other taxes or business license or permits fees as required. This Contract shall not be construed as authority for either party to act for the other party in any agency or other capacity or to make commitments of any kind for the account of, or on behalf of, the other party, except to the extent, and for the purposes, expressly provided for and set forth herein, and no partnership or joint venture is created hereby. Contractor is retained and engaged by the District only for the purposes and to the extent set forth herein. Neither the Contractor, nor its employees or agents shall be considered an employee of the District, nor is Contractor entitled to participate in any plans, arrangements, or distributions by the District pertaining to or in connection with any fringe, pension, bonus, profit sharing, or similar benefits, or any medical, dental, life or disability insurance plans. Further, the District will not withhold or pay any State, Federal or Local taxes, FICA, FUTA, MESC Insurance or Workers' Compensation Insurance and Contractor will indemnify, defend and hold the District harmless for the payment of such sums, interest, penalties, or cost of collection of same, including reasonable attorney fees. Nothing in the Contract shall be construed to interfere with or otherwise affect the rendering of the Transportation Services or Maintenance Services by Contractor in accordance with its independent and professional judgment. No tenure or other rights/benefits typically arising out of an employee-employer relationship shall arise out of this Contract on behalf of Contractor, its employees or agents.

4. SCOPE OF SERVICES

The Contractor shall perform all of the services described herein and those services that may not be described but that are necessary to perform the services described herein.

4.1 Transportation Services. Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall provide the following pupil transportation services (collectively the “Transportation Services”):

4.1.1 Daily Transportation Services. The Contractor shall provide safe, efficient and reliable, on-time transportation from home to school and school to home for general education, special needs students or those other persons eligible or authorized for transportation service (collectively the “Students”) on a daily basis in accordance with the District’s defined parameters and the terms and conditions of this Contract. The Contractor shall also provide safe, efficient and reliable, on-time mid-day transportation and Shuttle Service (as defined below) for Students in accordance with the District’s defined parameters and the terms and conditions of this Contract (the transportation to and from school and mid-day and Shuttle Service shall collectively be referred to as the “Daily Transportation Services”). The Contractor shall not use any “vans” or other similar vehicles to transport Students and all buses or vehicles used to transport Students must be approved in writing by the District prior to such use by Contractor.

4.1.2 Other Transportation Services. The Contractor shall provide safe, efficient and reliable, on-time transportation for Students and authorized District personnel to and from those curricular and extra-curricular activities as requested by the District, including, but not limited to, field trips, extra-curricular trips and athletic events, in accordance with the terms and conditions of this Contract (the “Other Transportation Services”). Notwithstanding the foregoing, or anything herein contained to the contrary, the District reserves the right to lease other buses or vehicles from other approved providers to transport Students to and from field trips, athletic events and/or other special events, if the Contractor is unable to provide such service. The Contractor shall not use any “vans,” or other similar vehicles to transport Students and all buses or vehicles used to transport Students and all buses or vehicles used to transport Students must be approved in writing by the District prior to such use by Contractor.

4.1.3 Shuttle Service Shuttle Service shall include transportation of Students between buildings during school operating hours, as requested by the District.³

4.2 Maintenance Services. Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall provide the following “Maintenance Services”:

4.2.1 Bus Maintenance. The Contractor shall maintain all District-owned buses and Contractor-owned buses serving the District in a good and safe mechanical and operating condition. All such buses shall be maintained in a clean and sanitary condition and shall have good interior and exterior appearance during the entire term of the Contract. The Contractor shall maintain all buses in strict accordance with all State, Federal, and any

other local government minimum standards for school buses, including but not limited to, the Pupil Transportation Act, Michigan Public Act 187 of 1990, as amended, MCL 257.1801 et seq. (the "pupil Transportation Act"), and such additional requirements as set forth herein. The Contractor shall maintain the buses so that their condition remains equal to or exceeds that condition recorded on the written inspection form provided to District by the Contractor, normal wear and tear accepted. Mechanically, the buses shall be maintained in a condition approximating that set out by the original manufacturer. The Contractor shall only use "OEM Approved" replacement parts on District-owned buses. Failure to maintain the buses in a condition acceptable to the District will constitute a default of this Contract. The Contractor shall provide annually to the District a schedule which details all routine and preventative maintenance scheduled for each District-owned and Contractor-owned bus, as well as a monthly report to the District, detailing all service done to each District-owned and Contractor-owned bus.

4.2.2 Additional Vehicle Maintenance. If requested by the District, the Contractor shall maintain all other District-owned vehicles (referred to herein as the District's "White Fleet") in a good and safe mechanical and operating condition. Mechanically, the White Fleet shall be maintained in a condition approximating that set out by the original manufacturer(s). Failure to maintain the White Fleet in a condition acceptable to the District will constitute default of this Contract.

4.2.3 Cost of Maintenance Except as provided in Section 4.2.4 below, the Contractor shall be responsible for all costs and expenses associated with the maintenance of all District-owned buses and Contractor-owned buses serving the District. If White Fleet maintenance is requested by the District, all costs for labor and parts required for the maintenance and repair of the White Fleet will be paid for by the District. Necessary labor to maintain and repair the White Fleet shall be reimbursed at a cost of \$42.44 per hour; parts will be reimbursed at cost

4.2.4 Repair and maintenance of District owned vehicles shall take priority over any Contractor owned buses or District "white fleet" vehicles.

4.2.5 Requested Modifications. If the District requests in writing that the Contractor make a modification to a District-owned bus that would be outside of the OEM specifications, to the extent permitted by law, the District agrees to indemnify, defend and hold harmless the Contractor, its agents, servants and employees from and against any and all claims or damages of every kind, for injury to or death of any person or persons to or loss of property, arising out of or resulting from District's aforementioned requested modification. Notwithstanding the foregoing, the aforementioned modifications and required modifications and required indemnification by the District shall not extend to standard repair and/or maintenance, modifications required by the State of Michigan or federal law, or the addition of standard equipment, including but not limited to, a GPS system, cameras, etc.

4.3 Routing. Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the District shall provide for efficient routing of all general education, special needs or other transportation of the District as more fully set forth in Section 8.1 of this Contract.

4.4 Personnel. Throughout the Initial Term, and any Renewal Term(s) which is/are exercised, the Contractor shall select, train, compensate and retain all personnel necessary for the provision of the Transportation Services and Maintenance Services as more fully set forth in Section 6.1 of this Contract.

4.5 Student Discipline. Throughout the Initial Term and any Renewal Term(s) which is/are exercised, the Contractor shall cooperate with the District regarding any Student discipline arising out of the Transportation Services, as requested and as mandated by District policies, procedures and guidelines, as those may be amended from time to time by the District's Board of Education. The contractor shall comply with all applicable Family Educational Rights and Privacy Act ("FERPA").

4.6 Communication. Throughout the Initial Term and any Renewal Term(s) which is/are exercised, the Contractor shall provide effective communication with the District, including, but not limited to, all Contractor personnel, parents, students and the community.

5. BUSES

5.1 District-Owned Buses. The Contractor will utilize those District-owned buses currently in service and identified by the District to provide the Transportation Services. Title to District-owned buses shall remain with the District. The contractor shall use District-owned buses only to provide the Transportation Services, unless otherwise provided for by law. The District shall provide prior to the commencement of the Initial Term, the model, year, body type and odometer reading of each District-owned bus that will be made available for use by the Contractor for the Transportation Services. Under terms of this Amendment, the District shall be responsible for purchase of all school buses.

5.2 Contractor-Owned Buses. Contractor with permission of the District may park up to six (6) Contractor- owned buses at the Troy Transportation Facility. The buses shall only be used by the Contractor for "other transportation work".

5.3 Bus Specifications and Equipment. All buses used to provide the Transportation Services shall be operated, equipped and maintained in strict compliance with all applicable federal, state and local laws, rules and regulations, including but not limited to the Pupil Transportation Act, as well as all District Board of Education policies, procedures, rules and regulations.

5.3.1 Radio Communication System. All District-owned and Contractor-owned buses shall be equipped with a two-way radio communication system. All District-owned buses are currently equipped with two-way radio communication equipment. To ensure that the radios are in good operating condition at all times, the Contractor shall maintain all radio communication equipment in good working order. The contractor shall maintain

the entire radio communications system at its sole cost and expense. The Contractor may utilize the radio communication equipment currently installed in District-owned buses, as well as spare equipment and the base station(s) for Contractor's on-site management personnel, at no cost to the Contractor. The contractor may upgrade the radio communication system for the buses if it so desires, upon the prior approval of the District. All radio communication equipment on District-owned buses shall be used exclusively for Transportation Services operated for the District. The Contractor shall instruct all bus drivers and other appropriate personnel regarding the use and operation of the radio communication equipment in accordance with applicable laws, rules, policies and procedures, including but not limited to those of the Federal Aviation Administration (the "FAA") and the District. If the contractor changes, modifies or upgrades any of the radio communication equipment, at the expiration or earlier termination of this contract, all District-owned buses shall be equipped with a fully operational radio communication system of like or equal quality as the system on the District-owned buses at the commencement of this Contract, at no cost to the District.

5.3.2 Video Surveillance System. District-owned buses may be equipped with a video surveillance system. Five (5) District-owned buses currently have an infra-red color video surveillance system in place, and five (5) other District-owned buses have camera mounts installed so that the cameras may be switched between buses, and the Contractor may utilize these systems. Notwithstanding the foregoing, the Contractor shall be responsible for all operational and maintenance costs associated with these systems. If the Contractor changes, modifies or upgrades any of the video surveillance system, at the expiration or earlier termination of this Contract, five (5) District-owned buses shall be equipped with a fully operation video surveillance system of like or equal quality as the video surveillance system on the District-owned buses at the commencement of this Contract, at no cost to the District, and five (5) buses shall have camera mounts of like or equal quality as the camera mounts on the District-owned buses at the commencement of this Contract.

5.3.3 Additional Equipment and Systems Added by Contractor. Contractor agrees to implement and install the Zonar Electronic Vehicle Inspection Report ("EVIR") System on all District-owned and Contractor-owned buses serving the District. Contractor also agrees to implement and install a Global Positioning Satellite ("GPS") System on all District-owned and Contractor-owned buses serving the District. Further, Contractor agrees to implement and install the "Child CheckMate" System on all District-owned and Contractor-owned buses serving the District. All three (3) of these aforementioned systems shall be purchased, implemented, installed, operated and maintained at the Contractor's sole cost and expense. Contractor shall install digital cameras in all current and new buses purchased by the District. The costs for these cameras will be the responsibility of the Contractor. Replacement of camera units shall be responsibility of the Contractor. The cameras shall be the property of the District.

5.4 Bus Inspections. All buses shall be inspected by Contractor on a daily basis for defects (mandatory federal and/or state pre-trip inspections) and Contractor shall cause to be remedied

any defects before using said buses. All buses shall be inspected annually by the Michigan Department of State Police (the "MSP") and the Contractor shall submit, in writing, the inspection results of all District-owned and Contractor-owned buses serving the District within thirty (30) days of the completion of the MSP inspections. Contractor shall verify to the District in writing prior to the commencement of the Initial Term of this Contract that all buses used for the provision of the Transportation Services have been inspected by the MSP and have passed that inspection. Contractor shall neither operate nor permit to be operated any bus which has not been inspected by the MSP or has failed inspection. The District shall have the right to inspect, at any time, any and all buses used for the provision of the Services for purposes of ensuring compliance with all applicable laws and the terms and conditions of this Contract. Any violation of this subparagraph 5.4 will result in an automatic and immediate termination of this Contract.

5.5 Spare Buses. The Contractor shall keep and maintain, in strict accordance with all applicable laws and this Contract, a quantity of spare buses equal to an amount deemed to be necessary by the Contractor to perform the Transportation Services in accordance with the terms and conditions of this Contract.

5.6 Age of Buses. Type 1 buses used for the provision of the Transportation Services shall not exceed the age of twelve (12) years, and have an average age of eight (8) years. Type 2 buses used for the provision of the Transportation Services shall not exceed the age of twelve (12) years, and have an average age of eight (8) years.

5.7 [Reserved]

5.8 Removal From Service. A Bus shall be declared unfit for service and removed from service if the bus:

5.8.1 Does not comply with the legal requirements, including but not limited to the Pupil Transportation Act; or

5.8.2 Is defective in a way that threatens the safety of Students or of persons near or around the bus; or

5.8.3 Is defective in a way that, if the bus were operated, it may damage the bus or damage the District's property,

5.8.4 Exceeds the standards for the age of the bus being a maximum age of twelve (12) years for Type 1 buses and twelve (12) years for Type 2 buses.

Such buses shall not be returned to service until the defect or cause of non-compliance has been corrected.

5.9 Fuel The District agrees to purchase and/or pay actual fuel costs associated with the Transportation Services provided under this Contract. The Contractor shall ensure that no fuel purchased or paid for by the District is used by the Contractor for the provision of the Outside Services. If a Contractor-owned bus is used for Outside Services, it shall leave the Facility with a full tank of fuel and return to the Facility with a full tank of comparable quality fuel purchased

from an outside vendor. The Contractor shall be responsible for any taxes relative to fuel used for Outside Services. The Contractor shall utilize the District's "card system" to track fuel usage of the buses, at no cost to the Contractor.

6. CONTRACTOR PERSONNEL

The Contractor shall provide all personnel necessary for the provision of the Transportation Services and Maintenance Services under this Contract. The District may review all pre-employment and other records regarding any prospective or actual employee of the Contractor assigned to work under this Contract. The personnel reports and information contained therein shall be limited to that information permitted to be transmitted to the District by federal and state privacy laws, and will be protected by the District to the fullest extent permitted by law. To the extent permitted by law, the District agrees to indemnify, hold harmless and defend Contractor, its directors, officers, employees and agents from and against every claim or demand which may be made by any person, firm, or corporation, or any other entity arising from or caused by any act of neglect of the District's improper disclosure is required by law or court order. The responsibility for hiring and discharging personnel rests entirely with the Contractor. The Contractor agrees that it will not enter into an agreement or arrangement with an employee, person, group or organization which will in any way interfere with the Contractor's ability to comply with this Contract. The District reserves the right to require the Contractor to remove from service under this Contract a person or driver who, in the opinion of the District is not qualified to operate a school bus for service in accordance with the operating and safety standards required by the District or is not performing the services required under this Contract in a manner consistent with the requirements of the District. All Contractor personnel shall wear a Contractor-issued yellow vest. All Contractor personnel shall wear a Contractor-issued picture identification badge, approved by the District, at all times and said badge shall be worn above the waist.

- 6.1 Management Personnel. Until the District notifies the Contractor to the contrary, the District agrees to employ its Transportation Supervisor and one (1) routing coordinator. The Contractor shall employ all other necessary management personnel, including, its own manager, one (1) dispatcher and one (1) additional operations support person, as required to perform that Transportation and Maintenance Services in accordance with the terms and conditions of this Contract. Once notified by the District that it will no longer employ its Transportation Supervisor and one (1) routing coordinator, the Contractor shall, at a minimum provide throughout the Initial Term and any Renewal Term(s) of this Contract, one (1) on-site, full-time, (40 hours per week), experienced manager, one (1) dispatcher, one (1) routing coordinator and (1) additional operations support person, acceptable to the District and Contractor, who shall be responsible for the Contractor's performance of its obligations under this Contract. If the District desires to have the Contractor retain a router during the Initial Term or any Renewal Term(s) of this Contract, the price/bus/day shall increase by \$3.62, as that figure may be increased annually after the first year of this Contract in accordance with Section 10.3 of this Contract. Full time means Monday through Friday, office coverage will be 5:30 a.m. to 5:30 p.m. with a non-service period for breaks and lunch to equal eight (8) hours per day. The assigned manager shall have, at a minimum, qualifications

which meet the standards set forth in the requirements of the Pupil Transportation Act. The manager must hold and maintain a current commercial driver's license and a current school bus driver certificate in accordance with the Pupil Transportation Act. It is understood that the management and clerical personnel will be entitled to annual vacations, provided such vacations do not conflict with District operations during the school year.

6.2 Maintenance Personnel. The Contractor shall, at a minimum, provide throughout the Renewal Term(s) of this Contract, a minimum of three (3) full-time mechanics, all acceptable to the District and Contractor, who shall be responsible for all Maintenance Services. The Contractor shall be responsible to provide maintenance service and the necessary mechanics to maintain a current fleet of seventy-five vehicles. At least one (1) of the full-time mechanics shall be State of Michigan and/or ASE certified and have additional certifications in school bus and related areas (the "Lead Mechanic"). All other mechanics performing Maintenance Services shall be State of Michigan and/or ASE certified within two (2) years of the date hired by Contractor. Full-time means Monday through Friday, forty (40) hours per week. At least one mechanic must be on duty when buses are in operation during the school day between 5:30 a.m. and 5:30 p.m. daily. The Lead Mechanic and other mechanics must hold and maintain a current commercial driver's license and a current school bus driver certificate in accordance with the requirements of the Pupil Transportation Act. It is understood that maintenance personnel will be entitled to annual vacations, provided such vacations do not conflict with District operations during the school year.

6.3 Bus Driver Personnel. The Contractor shall provide throughout the Initial Term and any Renewal Term(s) of this Contract, all necessary drivers and/or paraprofessionals/bus aids, as required by the District, to perform the Transportation Services contemplated herein. The Contractor shall comply with Equal Employment Opportunity and Affirmative Action requirements as stipulated in Executive Order 11246 and Executive Order 11375 and all subsequent amendments thereto and superseding orders. Contractor shall staff all bus services for Troy School District with sufficient drivers before and above any non-Troy School District related transportation service the Contractor may provide.

6.3.1. District's Philosophy: It is the District's intent to provide high-quality transportation services and to ensure the safety and comfort of the District's pupils. The Contractor hereby recognizes and agrees to uphold the following standards for its personnel.

6.3.1.1 For the protection of pupils, the drivers and other persons who have contact with pupils and their families must be of stable personality, good moral character, and shall meet or exceed all certifications and

requirements mandated by all applicable federal, state and local laws, rules and regulations.

6.3.1.2 The Contractor shall neither allow any person to drive a school bus if that person's conduct might in any way expose Students to any impropriety of word or conduct, nor shall the Contractor allow any person to drive a school bus who is not, at any time, in a condition of mental and emotional stability.

6.3.1.3 The use of tobacco and the possession or use by any person of alcohol, controlled substances, illegal drugs, firearms, knives, or other weapons are prohibited on school buses, or District property.

6.3.1.4 All drivers and paraprofessionals/bus aides shall comply with District policies concerning student management and discipline, including, but not limited to, non-discrimination and corporal punishment of Students.

6.3.2 Pre-employment Screening: The Contractor shall develop and implement a pre-employment interview and/or screening program for all candidates for employment in driving a school bus and/or working on District property or in a District facility. The screening program shall be designed to assist the Contractor in determining the candidates' qualifications for work with Students in the transportation setting. This procedure must be reviewed and approved in advance by the District to ensure compliance with any and all applicable federal and state laws, rules, ordinances, District policies and regulations and licensing and permitting requirement applicable to providing the Transportation Services contemplated in this Contract, including, but not limited to:

6.3.2.1 Meeting all of the requirements of the Pupil Transportation Act, including, but not limited to, (i) not permit any person 17 years of age or less operate any bus; (ii) not permit any person to operate a bus unless that person possesses a valid chauffeur's license, the appropriate vehicle group designation, a passenger vehicle endorsement, and a school bus endorsement as required under section 312e of the Michigan vehicle code, 1949 PA 300, MCL 257.312e; (iii) not permit any person with a commercial drivers license to operate a bus, unless the operation is in compliance with the drug and alcohol testing regulations under 49 CFR parts 40 and 382; and (iv) ensure a commercial drivers license skills test has been passed by all persons who have violated any portion of MCL 257.1849(4).

6.3.2.2 Providing training for all bus drivers, regardless of whether they are full-time, temporary or substitute drivers. This training must include twenty-one (21) hours of classroom instruction provided by the Oakland Intermediate School District. Contractor must provide an additional forty (40) hours of classroom behind the wheel training. All drivers shall receive at least six (6) hours of in-

service training bi-annually from Contractor as required by the Pupil Transportation Act. All drivers shall be adequately trained to ensure proficiency in operating the bus to which the driver will be assigned. Drivers who are assigned to transport special needs Students shall be adequately trained and physically able to carry out the transportation of the special needs Students.

6.3.2.3 Establishing and administering tests acceptable to, and approved by, the District that are designed to determine the presence of illegal drugs, controlled substances, or alcohol. The Contractor shall conduct random and reasonable suspicion drug and alcohol testing for all safety sensitive employees according to Federal and Michigan law, rules and regulations and District policy. The Contractor shall have a zero tolerance policy for testing positive to drugs and alcohol and shall immediately remove a driver or other personnel if they refuse to submit to a drug test, tests positive for illegal drugs, controlled substances or alcohol or violates the law, possesses, sells or consumes illegal drugs, controlled substances or alcohol on District property.

6.3.2.4 Not providing or allowing any bus drivers under this Contract who have more than three (3) points currently on his/her driving record pursuant to the State of Michigan point system maintained by the Michigan Secretary of State. Contractor shall also not provide any drivers under this Contract who have been convicted at anytime of driving under the influence of intoxicating liquor or an illegal substance. All drivers shall be carefully selected as to character and ability and must meet and pass all requirements and tests provided under federal and state laws, rules and regulations, including, but not limited to, the Pupil Transportation Act.

6.3.2.5 Meeting the requirements of the School Safety Initiative Legislation, being MCL 380.1230, 380.1230a, 380.1230c, 380.1230d and 380.1230g. The Contractor acknowledges and agrees that unless the District notifies the Contractor that it is not subject to the provisions of Michigan Public Act 84 of 2006, as amended, the Contractor will have any and all of its agents, employees or representatives who will be on any District premises to carry out the Transportation Services or Maintenance Services contemplated by the Contract Documents, fingerprinted and subjected to criminal history and background checks through the Michigan State Police and Federal Bureau of Investigation, as detailed in Public Act 84 of 2006, as amended, prior to commencing any work under this Contract by presenting themselves, or any of its agents, employees or representatives, for themselves, or any of its agents, employees or representatives, for proper fingerprinting and criminal background checks, as directed by the District, or provide written notification to the District that Contractor or its employee(s) has previously completed fingerprinting and a criminal history and background check in connection with contracting or working for another Michigan school district, intermediate school district, public school academy or nonpublic school (each an "Agency") and consents to the sharing or

transferring of the appropriate fingerprinting and sharing or transferring of the appropriate fingerprinting and criminal history background report from the other Agency. If Contractor wishes to receive a copy of any report, it shall have the employee provide written consent to the District acknowledging its consent to provide the Contractor with a copy of the report at the time fingerprinting and background checks are initiated. Additionally, unless notified it is not subject to Michigan Public Act 84 of 2006, as amended, the Contractor represents and warrants to the District that it will at all times during the Initial Term or any Renewal Term of this Contract be in compliance with the provisions of Michigan Public Act 84 of 2006, as amended, including, but not limited to, reporting to the District within 3 business days of when any of its agents, employees or representatives who will be on the District's premises to carry out the Transportation Services and/or Maintenance Services contemplated by the Contract Documents, is/are charged with a crime listed in Section 1535a(1) or 1539b(1) of the Revised School Code, being MCL 380.1535a(1), or a substantially similar law, and to immediately report to the District if that person is subsequently convicted, plead guilty or plead no contest to that crime. The Contractor shall indemnify, defend and hold the District, its employees, Board of Education, and each member thereof, agents and consultants, harmless from and against any and all claims, counter-claims, suits, debts, demands, actions, judgments, liens, liabilities, costs, expenses, including actual attorneys fees and actual expert witness fees, arising out of or in connection with any violation of, or the Contractor's failure to comply with, the requirements of Michigan Public Act 84 of 2006, as amended, or this paragraph. The Contractor shall be responsible for all costs and expenses associated with the above-required fingerprinting and background checks. The Contractor shall supply all necessary data and information, as requested by the District, to enable the District to properly submit contractor and its employees and agents for inclusion in the State of Michigan Department of Education's list of "registered educational personnel."

6.3.3 Bus Driver Evaluation. The Contractor shall evaluate bus drivers on their routes at least once each academic year for the purpose of observing their driving practices with respect to safety, mechanical operation, conformance with laws, policies and regulations, adherence to established routes and schedules, handling of Students, and other factors inherent in the Transportation Services and the transportation of Students. All drivers assigned to perform Transportation Services under this Contract shall maintain a minimum evaluation rating of "satisfactory" in all evaluation categories. Mandatory retraining shall be assigned as appropriate.

7. CONTRACTOR RECORDS AND REPORTING REQUIREMENTS

The Contractor shall make available to the District at any time all operating, personnel and maintenance records that the District may request, subject to Section 6 above. Additionally, the Contractor will provide certain regular reports to the District as specified by the District.

7.1 Records To Be Maintained By The Contractor:

- 7.1.1 Operating Records: The Contractor during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, records indicating route numbers, bus numbers, the name and number of Students transported to each school site, the number of miles and hours driven, and the program to which the Students are assigned (being either regular education or special education). These operating records shall contain all information necessary for the District to completely fulfill all reporting requirements mandated by the State of Michigan, including but not limited to, Pupil Transportation Forms S&4094, S&4096, and SE-4107. These records must be provided to the District so that the District may timely file all of the necessary aforementioned reports to receive any and all allotted transportation reimbursement from the State of Michigan or its respective Intermediate School District ("ISD").
- 7.1.2 Personnel Records: The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, records that include documentation of all drivers, management, and support staff compliance with all legal requirements and with all standards and requirements set forth in the Contract or requested by the District. The Contractor shall furnish to the District the following information semi-annually relative to each driver, and Contractor shall be responsible for keeping such information current:
- 7.1.2.1 Name of driver (last, first and middle initial);
 - 7.1.2.2 Driver's address;
 - 7.1.2.3 Proof of proper licensure, including the driver's driving permit and drivers license number;
 - 7.1.2.4 Bus Driver Certification status and schedules;
 - 7.1.2.5 Normal routing assignment;
- 7.1.3 Bus Records: The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain and permit the inspection of by the District at its request, the following records, at no cost to the District:
- 7.1.3.1 The number of buses unavailable for service during each school bus operating shift (morning run, midday run, or afternoon run) due to inspection, repair, or other reason;
 - 7.1.3.2 The number and details of any roadway breakdown or halt of service suffered by buses that serve the District;
 - 7.1.3.3 Details of Other Transportation Services, including hours and mileage of each run performed; and
 - 7.1.3.4 All pre-trip inspection sheets completed by drivers transporting the District's Students.
 - 7.1.3.5 The model, year, body type and odometer reading of each bus and the Contractor shall provide this information annually, by June 30 or each year, to the District.

7.1.4 Maintenance Records. The Contractor, during the Initial Term and any Renewal Term of this Contract, shall maintain, and permit the inspection of by the District at its request, the following records, at no cost to the District:

7.1.4.1 Bus and vehicle owners' manuals that include documentation of compliance with all legal requirements and with all standards and requirements set forth in this Contract, including, but not limited to, the requirements of the Pupil Transportation Act;

7.1.4.2 All records necessary to indicate all maintenance or repairs completed on any bus or White Fleet vehicle, the reason for the repair, the number of hours to complete the maintenance or repair and the cost of the repair. These records shall be provided to the District on a monthly basis during the first year of the Initial Term. After the Initial Term, these records will be available upon request.

7.1.5 Reports to Be Submitted Regularly to the District By The Contractor:

If any of the following events occur during the Contractor's performance of the Contract, the Contractor shall report to the District the described information within a period of one (1) working day:

7.1.5.1 If permanent route driver assignments change, the Contractor shall provide an updated list of routes and drivers assigned to those routes. If several changes are made, a list is required no more than once per week.

7.1.5.2 If a pupil is cited for behavior or other reason(s) while riding a bus, the Contractor shall report in writing to the District the nature, time, and date of the incident(s). Every driver shall at all times adhere to the District's established student disciplinary policies.

7.1.5.3 If the Michigan State Police inspects any vehicles serving the District or inspects the facility where the buses are parked and maintained, the Contractor shall provide to the District a copy of the inspection report.

7.1.5.4 At the request of the District, the Contractor shall immediately remove from service any and all buses that are determined unfit for service by the District or by the MSP. The District shall provide specific reasons to the Contractor for such requests to remove buses from service.

7.1.5.5 If any runs were late or missed during a week, the Contractor shall submit a written summary for the week of all late or missed trips, including the cause of the problem and any corrective action taken.

7.1.6 Accident Reports. All accidents or incidents involving the District's Students, personnel, and equipment shall be verbally reported to the District immediately. The driver involved in any accident shall, at the discretion of the District's liaison or supervisor, submit to Drug and Alcohol Testing

immediately following the accident, unless otherwise provided for by law. A written report shall be submitted to the District by the Contractor within 24 hours of the time of the accident. Accident reports shall make clear or provide at a minimum the following:

7.1.6.1 Whether Students were on the bus or loading or unloading from the bus at the time of the accident;

7.1.6.2 Whether any injury occurred;

7.1.6.3 The driver, location, involvement of other vehicles, and nature and extent of any property damage; and

7.1.6.4 A list of all known witnesses.

The Contractor shall provide to the District any accident reports obtained from the Michigan State Police or from any other law enforcement agency as soon after the accident as they become available. The Contractor shall use the Michigan Department of Education form as mandated by the State of Michigan.

7.1.7 Record Retention. The Contractor shall maintain all records in accordance with the State of Michigan Education Bulletin #522 Revised and District policy.

8. ROUTING

8.1 Establishment of Routes. The District shall establish the most efficient routing plan for the safety of Students within the guidelines provided for in this Contract and the District's Board of Education policies. The Contractor shall provide input and routing support to the District in order to assist the District in developing the most efficient routing plan for the District. Contractor agrees to work with District designees regarding necessary Individual Education Plan ("IEP") transportation requirements. Contractor shall pick-up Students identified by the District at any location and at times approved by the District to transport to the classes/facilities set by the District. District practice mandates that the maximum ride time not exceed 30 minutes for general education Students and 45 minutes for in-District special education Students, each way. Notwithstanding the foregoing, any necessary out-of-District transportation may exceed these time limits. Contractor shall transport designated Students to such locations, arriving at times approved by the District and return them to their stops, using routes recommended by Contractor and approved by District. All pick-ups of Students may be door-to-door or in groups as specified by District policies. Subsequent to approval by the District of the routing plan, Contractor shall make no substantial changes thereto without prior notice to, and written approval by, the District. The District will provide their recommended routing plan to the Contractor no later than four (4) weeks before the first day of school each year. If a route needs to be modified during the school year, the Contractor shall modify the route(s) in accordance with the modification mutually agreeable to the District and the Contractor.

- 8.2 Other Transportation Service Routes/Scheduling. The District shall give the Contactor three (3) days prior notice, whenever possible, of any scheduled Other Transportation Services, including, but not limited to, field trip, extra-curricular or athletic route, identifying the destination and the number of buses required. The District may cancel any scheduled Other Transportation Services upon notice to The Contractor.

Notification to Students. After approval of the recommended routing plan by the District, the Contractor shall notify each Student at least two (2) weeks prior to the start of each school year of the applicable pick-up times and shall notify each Student as to any subsequent change in time of pick-up or route, as approved by District, which will affect any Student. The Contractor and the District shall mutually agree in writing on a method of notification to parents and Students of scheduled pick-up times prior to the start of each school year and the costs for notification shall be borne by the District. The Contractor shall notify each Student as to any subsequent change in time of pick-up, location, or route, as approved by District, which will affect any Student. All necessary continuing communications shall be in conjunction with the District.

- 8.4 Complaints. Contractor agrees to promptly, courteously and continuously address any and all complaints or concerns brought to its attention by guardians, family members, District staff, or other parties representing the interests of any Students and shall promptly notify District authorities. Contractor shall submit a summary of all complaints and concerns brought to its attention by guardians, family members, District staff, or other parties representing the interests of any Students, along with a summary of the resolution of such complaint or concern, on a monthly basis to the District.
- 8.5 Routing System/Software and GPS. If any GPS system is desired by the Contractor different than that set forth in Section 5.3.3 above, the District shall receive prior notice and shall consent to and approve the GPS system desired by Contractor in writing, which consent and approval shall not be unreasonably withheld. The Contractor shall be responsible for any and all costs associated with any GPS system that the Contractor desires to implement. The District will require the Contractor to utilize the VersaTrans Routing Software as purchased and owned by the District. The District will be responsible for paying the annual license fee related to this software and the license shall remain with the District. At the expiration or earlier termination of this Contract, the District shall be given all appropriate access to the most recent routes and accompanying Student data, and be able to use such system/information for its operations.
- 8.6 Miscellaneous Routing Issues. Contractor shall permit authorized District representative(s) to ride all buses on all routes for the purpose of determining bus stop, route scheduling, or parent/community complaints, the mechanical conditions and cleanliness of buses, driver evaluation, discipline, whether the schedules are being met, and similar matters. No persons other than Students, Contractor employees, District authorized personnel or employees, or drivers in training, are to ride the buses without the written approval of the District's Superintendent or his/her designee. No bus will be loaded with Students such as to transport more than 100% of the number of Students for which the bus has a rated seating capacity.

8.7 Mechanical Break-down. In the event of a mechanical failure or breakdown of any bus providing Transportation Services required hereunder, Contractor agrees that a spare bus and driver shall respond to the site of the breakdown, as quickly as possible, for transfer of Students for delivery to their destination in accordance with this Contract. The Contractor shall also provide road side assistance and service calls for all buses.

9. FACILITIES, STORAGE AND MAINTENANCE OF BUSES AND VEHICLES

The District agrees to lease to the Contractor for \$1.00 per year, the District's existing transportation facility located at 120 Hart Street, Troy, MI 48098 (the "Facility"), the District's large tools and special equipment (being those large tools and special equipment which are fixtures or immovable), in accordance with the terms and conditions contained in the Lease Agreement between the Parties, which Lease Agreement is attached hereto and incorporated herein by reference as Exhibit A. The Facility will have a transportation maintenance garage, bus parking area, and space for an office and driver's lounge. The Facility also includes a stand-alone auxiliary building which houses the District's "bus wash." All buses, related equipment and other personal property under this Contract shall be stored, maintained, and serviced at the Facility. The District may, at its sole discretion, permit other public, private and parochial school districts to use the Facility for their bus servicing operations, provided such use does not interfere with the District's or Contractor's operations under this Contract.

10. RATES, INVOICING AND PAYMENT

Unless otherwise stated herein, rates are as follows:

10.1 Rates. Rates for Transportation Services shall be in accordance with Contractor's rate schedule, attached hereto and incorporated herein by reference as Exhibit B. Maintenance Services ~~rates~~re included within these specified rates.

The District shall not be charged for any Transportation Services that are not rendered. Contractor agrees to abide by the District's closing of schools, delay of schools and early dismissal of schools for weather-related or other calamity (ies). If the District needs to cancel any Transportation Services due to a calamity (ies), the District shall not be charged for those cancelled Transportation Services, provided that the District notifies the Contractor that Transportation Services are cancelled by 5:30 a.m. the day of the cancellation relative to Daily Transportation Services (and related shuttles) and at least two (2) hours prior to the departure time for Other Transportation Services. It is understood that all rates are based upon operational information provided by the District in the RFP. Should such information be incorrect, Contractor may request renegotiation of its rates. If renegotiations do not result in a mutual agreement as to such rates, the Contractor may terminate this Contract with ninety (90) days written notice to the District.

District may increase or decrease services to be provided by Contractor under this Amendment. However, where such increases or decreases impact by greater than 5% the service levels or equipment levels required of Contractor under the assumed routes, schedules, and vehicle requirements contained herein, Contractor shall be permitted to adjust rates at which services are

provided to cover increase or decreases in cost structure associated with such changes by District.

10.2 White Fleet Maintenance Rates. Rates for maintenance and repair of the White Fleet shall be amount per labor hour as set forth in Section 4.2.3 above, or fraction thereof. All costs for parts required for requested maintenance or repair of the White Fleet will be paid by the District. All maintenance and repair of the White Fleet shall only be completed upon receipt of written approval from the District.

10.3 Rate Adjustment. Adjustments to the rates for Transportation Services, paraprofessional/bus aide rates as required by the District and Maintenance Service rates for any Renewal Term(s) will be effective July 1 of that contract year. The rates for the first Renewal Term, if exercised by the District shall be determined by adjusting the rate for year three of the Initial Term by the lesser of:

1) the percentage increase (but not decrease), if any, between the index number, as established by the Consumer Price Index, All Items, for the Detroit Metropolitan Area, published by the United States Department of Labor, Bureau of Labor Statistics for the prior calendar year; or ii) three percent (3%). The rates for any subsequent Renewal Term(s) shall be determined by the above formula. Rates may not otherwise be modified unless upon the mutual written agreement of the Parties.

10.4 Invoices. Contractor shall invoice the District in equal installments on a once per-month basis for all Transportation Services and Maintenance Services rendered under this Contract. Invoices shall itemize charges as requested by the District. The Contractor will invoice the District for all approved White Fleet Maintenance completed on a separate invoice and shall submit said invoice to the District together with the regular monthly invoice. Invoices shall be submitted to the Accounts Payable Department, Troy School District, and 4400 Livernois Road, Troy, Michigan, 48098.

10.5 Payments. Payment disputed amounts in each invoice shall be made within 30 days of receipt of the invoice. The District will issue one payment per month. Disputes regarding amounts contained in any invoice will be communicated to Contractor by the District, in writing, within ten (10) business days of the receipt of the disputed invoice. Payments of disputed amounts will be delayed unless Contractor is able to resolve the matter to the District's satisfaction within ten (10) business days prior to payment due date. The District will not be assessed any late payment penalties, fines or charges for disputed amounts not timely paid due to Contractor's failure to timely resolve the matter as set forth above.

11. INSURANCE

The Contractor shall maintain the following insurance in force at all times during the Initial Term and any Renewal Term(s) of this Contract, with an "A" rated Best insurance carrier acceptable to the District. The District and the Contractor agree that the Contractor shall maintain such insurance scheduled below as primary insurance to any insurance

available to the District and that the District's insurance shall not contribute to any liabilities covered under the scheduled insurance below, but shall be considered excess of an such insurance. The Contractor and/or its insurer/claim administrator will be responsible for claim investigation and claim payments for all losses covered by its policies. It is further agreed that, for claims arising specifically under or relating to this Contract, the Contractor shall name the District, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof, as an "Additional Insured" under each separate policy of insurance scheduled below, in a form of endorsement to the policies approved by the District in writing. The Contractor agrees that each vehicle used to provide Transportation Services with respect to this Contract will be scheduled on any Automobile Insurance as required by the agreed upon commercial insurer.

<u>Policy</u>	<u>Minimum Limits</u>
(a) Workers' Compensation	Statutory
(b) Commercial General Liability	
i. Bodily Injury Liability	\$1,000,000 each person \$1,000,000 each occurrence \$2,000,000 aggregate
ii. Property Damage Liability	\$1,000,000 each occurrence
(c) Business Automobile Liability	
i. Bodily Injury Liability	\$1,000,000 each person \$2,000,000 each occurrence
ii. Property Damage Liability	\$1,000,000 each occurrence
iii. Property Damage to First Party Property	Replacement Cost
(d) Excess Umbrella Liability	
i. Combined Single	\$5,000,000 each occurrence
ii. Limit Bodily Injury and/or Property Damage	\$5,000,000 aggregate
(e) Employer's Liability Insurance	\$500,000 each occurrence

Note: Commercial General Liability to include, but not limited to:

- i. Existence of busses or vehicles on location;
- ii. Contractual obligations;
- iii. Student Discipline; and
- iv. Negligent hiring.

These coverages and limits are to be considered minimum requirements under this Contract and shall in no way limit the liability or obligations of the Contractor under this Contract.

The Contractor shall cause all policies to include an endorsement to the effect that the policies shall not be modified, canceled or terminated without thirty (30) days prior written notice to the District Superintendent or his/her designee, as well as the requirement that the insurance carrier immediately notify the District when fifty percent (50%) of any aggregate limits on any of the above-require policies have been reached. In case of termination, the Contractor shall provide evidence of new insurance

at the earliest possible date, but not later than ten (10) days prior to the termination of the original policy. Contractor shall provide said insurance before the effective date of this Contract and prior to the beginning of each school fiscal year. Moreover, the Contractor agrees to notify the District Superintendent or his/her designee immediately of any claim arising pursuant to said policies.

The Contractor shall not commence operations under this Contract until the Contractor has obtained all insurance stated in these requirements, all insurance has been reviewed by the District, and Certificates of such insurance have been made available to the District.

12. INDEMNIFICATION

12.1 General Indemnification. Except to the extent caused by the negligent acts or willful misconduct of the District (including its Board members, employees and agents), Contractor shall indemnify, defend and hold harmless the District, its Board and its Board Members in their official and individual capacities, its employees and agents, from and against all claims, counter-claims, suits, debts, demands, actions, judgments, liens, liabilities, costs, expenses, damages, and actual attorney fees and actual expert witness fees arising out of or in connection with Contractor's performance of the Transportation Services and Maintenance Services pursuant to this Contract and/or from Contractor's violation of any of the terms of the Contract, including, but not limited to: (i) the negligent acts or willful misconduct of the Contractor, its officers, directors, employees, agents and subcontractors; (ii) any breach of the terms of this Contract by the Contractor; (iii) any violation of applicable state and/or federal law, rule, ordinance, policy or regulations and/or licensing and permitting requirement applicable to providing the Transportation Services or Maintenance Services; or (iv) any breach of any representation or warranty by the Contractor under this Contract. The Contractor shall notify the District by certified mail, return receipt requested, immediately upon knowledge of any claim, suit, action, or proceeding for which it may be entitled to indemnification under the Contract.

12.2 Environmental Indemnification. Throughout the Initial Term, or any Renewal Term of this Contract, Contractor shall not permit itself or any third party to use, generate, handle, store or dispose of any Hazardous Substances in, on, under, upon or affecting any District property in violation of any applicable law or regulation. As used herein, the term "Hazardous Substances" shall mean (i) any hazardous or regulated substance as defined by all federal, state and local environmental laws, including, but not limited to, Federal Water Pollution Control Act (33 U.S.C. §§ 125J et seq.) ("Clean Water Act"), the Resource Conservation & Recovery Act (42 U.S.C. §§ 690J et seq.) ("RCRA"), Safe Drinking Water Act (42 U.S.C. §§ 300f-j.26), Toxic Substances Control Act (15 U.S.C. §§ 260J et seq.), Clean Air Act (42 U.S.C. §§ 7401 et seq.), the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. §§ 960J et seq.) ("CERCLA"), the Emergency Planning and Community Right to Know Act, 42 U.S.C. §§ 11001 et seq. ("EPCRA"), the Michigan Natural Resources and Environmental Protection Act (MCL § 324.JOJ et seq.) the administrative rules and regulations promulgated under such statutes, or any other similar federal, state or local law or administrative rule or regulation of similar effect, each as amended and as in effect and as adopted as of the date of execution of this

Contract, (ii) any other pollutant, contaminant, hazardous substance, solid waste, hazardous material, radioactive substance, toxic substance, noxious substance, hazardous waste, particulate matter, airborne or otherwise, chemical waste, medical waste, crude oil or any fraction thereof, radioactive waste, petroleum or petroleum-derived substance or waste, asbestos, PCBs, radon gas, all forms of natural gas, or any hazardous or toxic constituent of any of the foregoing, whether such substance is in liquid, solid or gaseous form, or (iii) any such substance the release, discharge or spill of which requires activity to achieve compliance with applicable law. This paragraph shall survive the expiration or earlier termination of this Contract.

13. TERMINATION

13.1 Termination for Cause. In the event the Contractor fails, at any time, to comply with, fully perform and strictly adhere to any covenant, condition or representation contained in this Contract or the Contract Documents, whether it is performed by the Contractor, its agents or employees, the District shall have the right to provide written notice to the Contractor of such breach. If such breach, in the District's reasonable discretion, causes the Contractor to provide the Transportation Services or Maintenance Services in any unsafe manner or process, including but not limited to, bus driver recruitment and training, bus driver safety process and procedure, pupil passenger safety process and procedure, vehicle specifications, inspection and maintenance, facility management and environmental compliance, routing, or pupil passenger pick-up/drop. Upon receipt of such written notice, the Contractor shall be afforded forty-eight (48) hours to remedy any such breach from the time of receipt of such written notice. For any other such breach by Contractor, Contractor shall have fifteen (15) business days to remedy such breach from the time of receipt of such written notice. Notwithstanding the foregoing, if such safety breach is impossible to remedy within forty-eight (48) hours, only because of weather conditions making roads impassable or other acts of God or strikes, the District, at its option, may extend said remedy period in its sole discretion, in writing. If Contractor fails to cure any breach within the forty-eight (48) hour or fifteen (15) day periods, or as those periods may be extended by the Parties, this Contract shall immediately terminate without the requirement of further notice to the Contractor. Further, failure to exercise the District's rights within forty-eight (48) hours or fifteen (15) days does not preclude any subsequent right to exercise at a later date. If the Contract is terminated in accordance with any of the provisions contained herein, all rights of the Contractor under the Contract shall cease.

14. PERMITS, LICENSES AND COMPLIANCE WITH LAWS

- 14.1 Permits and Licenses. Contractor, its employees and agents shall secure, at its sole cost and expense, and maintain all necessary permits, licenses and certifications as required by federal, state and local laws, including, but not limited to the Pupil Transportation Act.
- 14.2 Compliance with Laws. The Contractor shall comply with any and all laws, rules, regulation, ordinances, policies (including all permits and plans applicable thereto) and District policies, applicable to providing the Transportation Services and Maintenance Services contemplated under this Contract. The Contractor,

including its employees and agents, shall be responsible for knowing the District's policies concerning appropriate behavior of persons in its schools, on its properties and in its buses, including for example, the prohibitions of sexual harassment, alcohol and smoking, and shall comply with all such policies. The District shall use its best efforts, as reasonably requested by the Contractor, to assist the Contractor to comply with any and all applicable federal, state or local laws, rules and regulations, as well as all District policies, procedures, rules and regulations. The Contractor by execution of this Contract represents and warrants that it shall at all times be in compliance with any and all applicable federal and state laws, rules, ordinances, policies and regulations and licensing and permitting requirement applicable to providing the Transportation Services and Maintenance Services contemplated under this Contract. The Contractor shall in the performance of such Transportation Services and Maintenance Services, fully comply with any and all applicable federal, state, or local laws, rules and regulations, and shall indemnify, defend and hold the District harmless from any liability from its failure to so comply. Notwithstanding the foregoing, in the event any federal, state, local or other governmental body's laws, rules or regulations are revised, changed or amended, or in the event there are revisions, changes or amendments to the District's policies, procedures, rules and regulations, the Contractor shall comply with all such revised, changed or amended laws, rules, regulations or policies. In the event that any governmental agency legally imposes such additional equipment requirements other than set forth herein on buses serving the District during the Initial Term or any Renewal Term(s) of this Contract which are necessary for the operation of this Contract, the District shall pay all costs associated with the installation of said additionally required equipment on District-owned buses and the Contractor shall pay all costs associated with the installation of said additionally required equipment on Contractor-owned buses.

- 14.3 OSHA Compliance. All Transportation Services and Maintenance Services to be furnished by the Contractor and the Contractor's working conditions and employment practices shall comply with all applicable state and federal requirements, including, but not limited to, the Occupational Safety and Health Act.
15. **GOVERNING LAW**
Contract shall be governed by and construed in accordance with the laws of the State of Michigan. The parties hereby agree to the exclusive jurisdiction and venue of courts sitting in Oakland County, Michigan.
16. **TAXES**
Contractor is responsible for sales taxes and any other applicable taxes related to the Transportation Services or Maintenance Services provided under this Contract.
17. **REPAIRS TO PROPERTY DAMAGE**
Damage to the District Facility or District property caused by the Contractor, its agents or employees shall be repaired so the Facility or properties are in as good condition as

before entering into this Contract. All repairs shall be accomplished at no cost to the District.

18. ASSIGNMENT AND SUBCONTRACTING

This Contract shall not be assigned, nor subcontracted, in whole or in part without the prior written consent of the District, but in no case shall such consent change the terms of the Contract. Notwithstanding the foregoing, the Contractor may assign this Contract if the assignment is made to a parent, subsidiary, related or affiliated company.

19. NOTICES

Unless otherwise provided in this Contract, all notices, requests, demands and other communications shall be in writing and are effective three (3) days after deposit in the U.S. mail, certified and postage paid, or upon receipt if personally delivered or sent by next-business-day delivery via a nationally recognized overnight courier to the addresses set forth below. The District or the Contractor may from time to time designate any other address for this purpose by providing written notice to the other Party.

19.1 To the District. All required notices to the District shall be delivered to the Superintendent, Troy School District, 4400 Livernois Road, Troy, Michigan, 48098, with a copy to Dana 1. Abrahams, Esq., Clark Hill PLC, 151 S. Old Woodward Ave., Suite 200, Birmingham, MI 48009.

19.2 To the Contractor. All required notices to the Contractor shall be delivered to: Roger Moore, Region Vice President, First Student, Inc., 1823 Center Point Circle, Suite A, Naperville, IL 60563, with copy to: First Student, Inc, Attn: General Counsel, 600 Vine Street, Suite J400, Cincinnati, Ohio, 45202.

20. SEVERABILITY

In the event any provision(s) of this Contract shall be illegal or invalid for any reason, said provision(s) shall be deemed to be fully severable without affecting the remaining provisions of this Contract and this Contract shall be construed and enforced as if said illegal or invalid provision(s) had never been inserted herein.

21. No WAIVER

No waiver of any term or condition of this Contract shall be valid or binding on either Party unless the same shall have been mutually assented to in writing by both Parties. The failure of either Party to enforce at any time any of the provisions of this Contract, or the failure to require at any time performance by the other Party of any of the provisions of this Contract, shall in no way be construed to be a present or future waiver of such provisions, nor in any way affect the validity of either Party to enforce each and every such provision thereafter

22. COUNTERPARTS

This Contract may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one instrument.

23. ENTIRE CONTRACT

This instrument contains the entire Contract entered into between the Parties hereto; its terms may not be modified except in writing signed by the Contractor and the District. This Contract supersedes and takes the place of all prior contracts, and/or understandings, whether written or oral between the District and the Contractor.

24. INSOLVENCY

In the event, the Contractor becomes insolvent or seeks the protection of the U.S. Bankruptcy Court, then at the District's option; this Contract may be immediately terminated by the District.

25. NON APPROPRIATION OF FUNDS

The District represents (1) that it has adequate funds to meet its obligations under this Contract during the 2009-2010 fiscal year, (2) that it intends to maintain this Contract from the full period set forth herein and has no reason to believe that it will not have sufficient funds to enable it to make all payments due hereunder during such period, and (3) that it will use its best effort to obtain the appropriations and that the availability of funds is contingent upon varied sources. If the District determines, in its discretion, that it lacks

adequate funds to pay part or all of the payments for the Transportation Services or Maintenance Services described in this Contract, the District's obligation under this Contract will terminate as of the date that the funding expires without further obligation to the Contractor.

26. FORCE MAJEURE

The Contractor agrees that its failure to comply with any of the terms and conditions of this Contract shall be grounds for termination of this Contract by the District in accordance with Paragraph 13 hereof. Notwithstanding the foregoing, if the performance by either party hereto of its respective non-monetary obligations of this Contract is delayed or prevented in whole or in parts by acts of God, fire, floods, storms, explosions, accidents, epidemics, war, civil disorder, strikes or other labor difficulties or any law, rule regulation, order or other action adopted or taken by any federal, state or local government authority, or any other cause not reasonably within said Party's control, whether or not specifically mentioned herein, such party shall be excused, discharged and released of performance only to the extent such performance or obligation is so delayed or prevented by such occurrence without liability of any kind.

The District shall have the right to take over the operation of the buses if Contractor is prevented from operating for the reasons described above, whether such buses are supplied by Contractor or the District, and may operate such buses with school employees or other persons, as the District may deem appropriate until Contractor is able to resume its regular operations. The District shall pay to Contractor for the use of such buses, the compensation which would be due in accordance with the Contract had Contractor operated such buses, less all expenses and costs incurred in securing the services of operating personnel and other such costs of operation; provided, however, that

District's deduction of such costs and expenses shall not exceed the difference between the total compensation paid to Contractor for such buses less Contractor's fixed costs of operation. If the District chooses to use Contractor vehicles, the District will be required to sign a vehicle lease agreement, provide a certificate of insurance and to the extent permitted by law, indemnify Contractor for any claims or demands arising out of or resulting from the District's use of said leased buses.

Notwithstanding the foregoing, in the event of a strike, the Contractor shall procure replacement personnel necessary to perform the Transportation Services and Maintenance Services. If the Contractor does not procure such ~~replacement~~ personnel, the District may procure the same and deduct the associated costs. And expenses from the amounts owed to the Contractor, or terminate this Contract. It is agreed that a change in market conditions does not constitute force majeure.

27. LIQUIDATED DAMAGES

The District and Contractor agree that in certain circumstances, the actual amount of damages incurred by the District will be difficult to assess and/or may be immeasurable. Accordingly, under the following circumstances, the District may assess damages against the Contractor, to be paid as liquidated damages and not as a penalty or forfeiture. These damages accrue in addition to the District's expectation that it will not pay for any Transportation Services or Maintenance Services that have not been provided.

No liquidated damages will be assessed during weeks in which ninety-eight (98) percent of all runs operated by the Contractor are neither early nor more than ten (10) minutes late when compared to the scheduled departure and arrival times. If fewer than ninety-eight (98) percent of all runs are operated on time, liquidated damages may be assessed for the following infractions:

A. Early, Late, and Missed Runs

Each bus that is either early or more than ten (10) minutes late, during which time a stop is missed (causing a need to backtrack or re-route another bus), the Contractor shall be subject to the assessment of \$100 in liquidated damages. In any case, no bus route shall be assessed more than three times that amount (\$300) per day for liquidated damages under this subsection. The provisions of this subsection do not apply when delays are caused by conditions beyond the control of the Contractor, as determined by the District.

B. Operation of a Bus That Is Unfit For Service

If the Contractor operates a bus unfit for service as determined by this Contract and all applicable laws, rules and regulations, the amount of \$1,000 will be paid as liquidated damages and not as a penalty or forfeiture by the Contractor to the District.

28. DISPUTE RESOLUTION

Except for the pursuit of injunctive relief, any claim, dispute, difference or disagreement (a "Dispute") arising under or relating to this Contract shall be settled in accordance with the following:

- (a) Any and all Disputes must be submitted in writing by the aggrieved party to the other party describing the Dispute in detail within a reasonable time after the occurrence of events giving rise to the Dispute or within a reasonable time after the claimant first recognizes the condition(s) giving rise to the Dispute, whichever is later, and a Dispute does not arise until such written notice is given;
- (b) Within thirty (30) days following the submission of the written Dispute, the party to whom the Dispute is submitted shall respond in writing. If no written response is provided within thirty (30) days, the Dispute shall be deemed denied;
- (c) As a pre-condition to litigation, if the Dispute is denied, either party may, within thirty (30) days of such denial,

Refer the Dispute to non-binding arbitration in Oakland County, Michigan. The arbitrator shall be chosen in accordance with the rules of the American Arbitration Association then in effect, and the expense of the arbitration shall be shared equally by the District and the Contractor.

Nothing in this Section shall circumvent effect or limit the District's right to terminate the Contractor in accordance with Section 13 of this Contract.

IN WITNESS WHEREOF: the Parties hereto on this day execute this FIRST AMENDMENT AND EXTENSION OF PUPIL TRANSPORTATION AND FLEET MAINTENANCE SERVICES CONTRACT as of the Effective Date.

TROY SCHOOL DISTRICT

FIRST STUDENT, INC.

By: _____

By: _____

Its: _____

Its: _____

A 2

EXHIBIT A

PRICING PAGES [ATTACHED]

Contract extension between Troy School District and First Student

1. Term: Two year extension
2. Rate Adjustment: Year 1, 1.5% increase; Year 2, 1% increase
3. Rates based upon 60 bus routes.

4. Should the number of routes decrease >5% parties agree to meet to discuss rate adjustment
5. Trips
 - a. Out of Town trips billed at minimum of 1.0 hrs, Point of Origin and return
 - b. Drop Offs only, Out of Town trips, time calculated to bus yard
 - c. In-District trips continuous time when added at beginning or end of route
 - d. In district, one way drop-offs within route schedule, no charge
 - e. Safety Week – Transportation provided to events, no charge including Sp. Ed Shuttle.
6. Bus Attendants – billed hours worked.
7. Hourly rate for repairs on “white fleet” \$42.44 per hour.
8. Repair and Maintenance of District owned buses priority over White Fleet and Contractor owned buses.
9. With permission from district Contractor may park up to six (6) Contractor owned buses

District Owned Bus School Year	2011/2012		1.50% 2012/13		1% 2013/14	
	Routes	Rate	Routes	Rate	Routes	Rate
Regular Route	31	\$ 200.27	34	\$ 203.27	34	\$ 205.31
Regular Route Mid Day	6	\$ 45.62	6	\$ 46.30	6	\$ 46.77
Sp Ed District	15	\$ 239.48	15	\$ 243.07	15	\$ 245.50
Sp Ed Out of District	7	\$ 239.48	7	\$ 243.07	7	\$ 245.50
Sp Ed Wing Lake	4	\$ 239.48	4	\$ 243.07	4	\$ 245.50
Summer School Reg	1	\$ 200.08	1	\$ 203.08	1	\$ 205.11
Summer School Sp. Ed	4	\$ 239.48	4	\$ 243.07	4	\$ 245.50
Trip Rates						
Field Trips		\$ 45.83		\$ 46.52		\$ 46.98
Ahtletic Trips		\$ 45.83		\$ 46.52		\$ 46.98
Extra Curricular		\$ 45.83		\$ 46.52		\$ 46.98
Out of Town trips billed at mininum of 1.0 hrs, from Pt of Origin and return.						
Drop-offs only return time calcuate return to bus yard.						
In district trips continuous time when added at beginning or end of route.						
In district, one-way dropoffs within route schedule, no charge						
Other Services						
Bus Attendants		\$25.44		\$ 25.82		\$ 26.08
Hrs Billed, Actual						
Video Cameras						
100% Fleet Equipped				\$0		\$0
White Fleet		\$42.44		\$42.44		\$42.44

1/18/2012

A 2

EXHIBIT B

FACILITY LEASE [ATTACHED]

EXHIBIT A TO CONTRACT

LEASE AGREEMENT

THIS LEASE AGREEMENT (hereinafter "Lease") is made and entered into this 16th day of June, 2009, by and between TROY SCHOOL DISTRICT, a Michigan general powers school district, whose address is 4400 Livernois Road, Troy, Michigan 48098 (hereinafter referred to as "Landlord") and FIRST STUDENT, INC., a Florida corporation, whose address is 600 Vine Street, Suite 1400, Cincinnati, Ohio, 45203 (hereinafter referred to as "Tenant").

RECITALS

A. The District issued a Request For Proposals for Student Transportation Services dated February 26, 2009, as amended by Addendum #1 and Addendum #2 thereto (collectively the "RFP") the purpose of which was to solicit proposals from qualified vendors with the ability to provide comprehensive pupil transportation services for the District at a more cost effective price.

B. The Contractor submitted to the District a Proposal in response to the RFP, dated March 26, 2009, to provide daily pupil transportation services and general transportation fleet maintenance services to the District (the "Proposal").

C. The Parties have, in accordance with the provisions of the RFP, conducted negotiations concerning the Contractor's Proposal.

D. Pursuant to the Pupil Transportation and Transportation Fleet Maintenance Services Contract between Landlord and Tenant, dated May __, 2009 (the "Contract"), incorporated herein by reference as if fully set forth herein, Tenant shall provide certain Transportation Services and Maintenance Services (as those terms are defined in the Contract) to the Landlord.

E. In accordance with the Contract, Tenant desires to lease from Landlord the Landlord's Transportation Maintenance Facility, including parking areas, located at 120 Hart Street Troy, Michigan 48098 (the "Facility"), in order to provide the Transportation Services and Maintenance Services under the Contract. The Facility also includes a stand-alone auxiliary building which houses the "bus wash."

Now THEREFORE, in consideration of the foregoing and the mutual covenants set forth herein, the Parties agree as follows:

1. Leased Premises: In consideration of the rents, covenants and conditions contained herein, and as further defined in Paragraph 2 of this Lease, Landlord hereby leases to Tenant and Tenant hires from Landlord the Facility (the "Leased Premises").

2. Use of Leased Premises: During the Lease Term, Tenant shall use and occupy the Leased Premises for the sole purpose of storage, maintenance, service and repair of Landlord-owned and Tenant-owned buses and the Landlord's White Fleet (as defined in the Contract) servicing the District and to provide the Transportation Services and Maintenance Services required under the terms and conditions of the Contract and for no other purpose(s) without the

prior written consent of Landlord. Tenant shall have exclusive use of the Leased Premises, subject to this Paragraph and Paragraph 25 of this Lease. Notwithstanding the foregoing, the District may, at its sole discretion, permit other public, private and/or parochial school districts to use a portion of the Facility for their bus servicing operations, provided such use does not interfere with the Tenant's provision of the Transportation Services and Maintenance Services contemplated under the Contract. Tenant shall not do or permit to be done any act or thing upon the Leased Premises that will increase the cost of casualty and liability insurance above the insurance costs normally associated with Tenant's principal activities as herein described. Tenant shall not use the Leased Premises or permit the Leased Premises to be used for the doing of any act or thing that constitutes a violation of any valid federal, state or local law, order, rule or regulation of any governmental authority. Tenant is responsible for verifying that anyone performing work on behalf of Tenant under this Lease has obtained and maintains all necessary licenses and permits to provide the Transportation Services and Maintenance Services under the Contract. Tenant shall use and occupy the Leased Premises subject to all School District policies, procedures or regulations of Landlord. Tenant shall not perform any acts or carry on any practices which may injure the Leased Premises or be a nuisance and shall keep the Leased Premises under its control clean and free from rubbish and dirt at all times, and it is further agreed that in the event the Tenant shall not comply with these provisions, and Landlord has given Tenant ten (10) days prior notification of such situation, Landlord may enter upon the Leased Premises and have any said rubbish and dirt removed, in which event Tenant agrees to pay all reasonable charges that Landlord shall pay for hauling rubbish and dirt. Said charges shall be deducted by Landlord from the amounts owed to Tenant under the Contract.

3. Term: The term of this Lease shall be the same as the term of the Contract (the "Lease Term"). The Lease Term shall commence on July 1, 2009 and end when the Contract expires or is earlier terminated. Tenant hereby acknowledges that it has no expectation of a lease for the Leased Premises beyond the Lease Term.

4. Rent: Tenant shall pay Landlord as annual rent for the Leased Premises during the Lease Term the sum of One and 00/100 (\$1.00) Dollar.

5. Acceptance of the Leased Premises: Tenant acknowledges that it has examined the Leased Premises prior to the making of this Lease and knows the conditions thereof. Tenant further acknowledges that no representation as to the condition or state of repairs thereof have been made by Landlord or its agents which are not herein expressed. Tenant hereby accepts the Leased Premises in its present "AS IS" condition as of the date of this Lease.

6. Alterations and Improvements: Tenant shall not make any alterations, additions, or improvements to the Leased Premises without Landlord's prior written consent.

7. Maintenance and Repairs: Tenant agrees to keep the Leased Premises in good order and repair as reasonably required to keep the Leased Premises in its current condition, normal wear and tear excepted. In addition, Tenant shall be responsible for all damages to the Leased Premises caused by the negligence or willful acts of Tenant and Tenant's agents, representatives, employees, invitees and licensees. Notwithstanding the foregoing, Landlord shall be responsible for all major capital improvements or repairs to the Leased Premises.

8. Utilities: Tenant shall pay for the cost of all utilities supplied to the Leased Premises during the Lease Term. Such payment shall be made within thirty (30) days of Tenant's receipt of an invoice from Landlord detailing such costs. Landlord shall not be responsible to Tenant for any loss or interruption of utility services.

9. Janitorial Services: Tenant shall furnish, at its own expense, all janitorial services for the operation of the maintenance garage area of the Leased Premises. Tenant shall provide janitorial services for the office space and driver's lounge areas of the Lease Premises. However, in the event the Tenant's use of the Leased Premises shall render the Leased Premises with excessive dirt and rubbish, as determined in the sole discretion of Landlord, the Tenant hereby agrees to reimburse Landlord for the direct expense that Landlord incurs in providing janitorial services to remediate such condition, including salary and/or hourly wage of its employees as well as any overtime expenses incurred and the cost of janitorial supplies.

10. Snow Removal and Grounds Maintenance: Tenant shall be responsible for all snow removal and grounds maintenance for the Facility. Tenant shall be responsible for all snow removal from all buses and vehicles.

11. Parts, Hand Tools, Supplies, Materials and Equipment: On or before July 15, 2009, Landlord and Tenant shall mutually inventory all spare parts, including but not limited to motor oil, spark plugs, windshield wipers, air filters, tires, etc. (collectively the "Spare Parts"), hand tools, supplies, materials and equipment which are owned by the Landlord and located at the Leased Premises (the "Inventory"). Any and all Spare Parts, hand tools, supplies, materials and equipment which are mutually deemed to be obsolete will be properly disposed of by Landlord. Any and all Spare Parts, hand tools, supplies, materials and equipment which are mutually deemed useable by Landlord and Tenant for the provision of the Transportation Services and Maintenance Services under the Contract may be utilized by Tenant. Existing Spare Parts shall be used solely for the maintenance and repair of Landlord-owned vehicles and buses. Once the existing allotment of Spare Parts, hand tools, supplies, materials and equipment is exhausted, it shall be Tenant's responsibility to procure all Spare Parts, hand tools, supplies, materials and equipment necessary to provide the Transportation Services and Maintenance Services required under the Contract. Landlord shall be responsible, subject to Paragraph 7 above, for the repair and/or replacement of any large tools and equipment, being such tools and equipment which are fixtures or immovable tools and equipment within the Leased Premises (the "Large Equipment"). Such Large Equipment will be specified in the Inventory mutually conducted by the Landlord and Tenant and will be maintained by Tenant and returned to Landlord upon the expiration or earlier termination of this Lease, normal wear and tear excepted. Any damage to, or loss of, any tools, supplies, materials and equipment in the Inventory shall be repaired or replaced at Tenant's sole cost and expense.

12. Tenant's Personal Property: Any personal property kept on the Leased Premises by Tenant shall be insured at Tenant's sole risk, and Tenant shall acquire such policy or policies of insurance thereon as Tenant in its best judgment shall determine.

13. Building Insurance: Landlord shall cause the building and its improvements to be insured against loss or damage under a policy or policies of fire and extended coverage insurance, including "additional perils."

14. Insurance: In addition to the insurance required under the Contract, Tenant, at its sole cost and expense during the Lease Term, shall maintain and keep in effect (i) commercial general liability insurance in an amount not less than One Million and 00/100 (\$1,000,000.00) Dollars for injury to or death of one person, or not less than Two Million and 00/100 (\$2,000,000.00) Dollars for injury to or death of more than one person, in anyone accident or occurrence and One Million and 00/100 (\$1,000,000.00) Dollars for damage to property. The policy or policies of such insurance shall include Landlord as both an additional named insured and loss payee for claims arising specifically out of or relating to this Lease Agreement. Tenant agrees to deliver to Landlord, within fifteen (15) days after the receipt of a request, either a duplicate original or certificate of all policies procured by Tenant in compliance with its obligations hereunder, together with evidence of payment thereof, and including an endorsement which states that such insurance may not be cancelled except upon ten (10) days written notice to Landlord. Tenant may, at its option, bring its obligation to insure under this Paragraph within the coverage of any so-called blanket policy or policies of insurance which it may now or hereafter carry, by appropriate amendment, rider, endorsement or otherwise; provided, however, that the interest of Landlord shall thereby be as fully protected as they would otherwise if this option to Tenant to use blanket policies were not permitted.

15. Indemnification: Except to the extent caused by the negligent acts or willful misconduct of the Landlord (including its Board members, employees and agents), Tenant shall indemnify, defend and hold Landlord, officers and members of its Board of Education (in their official and individual capacities) and employees harmless from and against any and all claims, counter-claims, suits, debts, demands, actions, judgments, liens, liabilities, costs, expenses, including actual attorneys fees and actual expert witness fees, arising out of or in connection with Tenant's use and occupancy of the Leased Premises, from the negligence of Tenant, its agents, representatives, employees, contractors, licensees, invitees, and/or from Tenant's violation of any of the terms of this Lease.

16. Damage or Destruction - Fire or Other Cause: In the event of a partial destruction of the Leased Premises, the Landlord shall, as promptly as possible, unless Landlord shall elect not to rebuild, repair the same, provided such repairs can reasonably be made within ninety (90) days (or within such other period as Landlord and Tenant may agree upon) from said destruction or damage under normal working conditions, and pursuant to applicable law, ordinances, and regulations. In such case, this Lease shall not be terminated. In the event that such repairs cannot reasonably be made within ninety (90) days time (or such other period as Landlord and Tenant may agree upon), or in the event Landlord shall elect not to rebuild, repair the same, either party hereto at its option may terminate this Lease upon written notice to the other. In any event, the destruction of substantially all of the Leased Premises shall cause this Lease to automatically terminate, without the requirement of notice.

17. Environmental Warranty: Tenant represents, warrants and covenants to Landlord the following:

Tenant's use of the Leased Premises and its activities thereon shall comply with all "Environmental Laws," which, for purposes of this lease, shall mean all federal, state and local environmental laws, including, but not limited to, The Hazardous Materials Transportation Act, (47 USC §§ 1801 *et seq.*), Federal Water Pollution Control Act (33 U.S.C. §§ 1251 *et seq.*)

("Clean Water Act"), the Resource Conservation & Recovery Act (42 U.S.C. §§ 6901 *et seq.*) ("RCRA"), Safe Drinking Water Act (42 U.S.C. §§ 300f-j-26), Toxic Substances Control Act (15 U.S.C. §§ 2601 *et seq.*), Clean Air Act (42 U.S.C. §§ 7401 *et seq.*), the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. §§ 9601 *et seq.*) ("CERCLA"), the Emergency Planning and Community Right to Know Act, 42 U.S.C. §§ 11001 *et seq.* ("EPCRA"), the Michigan Natural Resources and Environmental Protection Act (MCL § 324.101 *et seq.*) the administrative rules and regulations promulgated under such statutes, or any other similar federal, state or local law or administrative rule or regulation of similar effect, each as amended and as in effect and as adopted as of the date of execution of this Lease.

The Parties acknowledge that the Tenant's activities as defined in Paragraph 2 above may involve the use, generation and storage of Hazardous Substances as defined below; however, Tenant shall not dispose of or allow the release, spillage or emission of Hazardous Substances on the Leased Premises. For purposes of this Lease, "Hazardous Substances" shall mean (i) any hazardous or regulated substance as defined by Environmental Laws (ii) any other pollutant, contaminant, hazardous substance, solid waste, hazardous material, radioactive substance, toxic substance, noxious substance, hazardous waste, particulate matter, airborne or otherwise, chemical waste, medical waste, crude oil or any fraction thereof, radioactive waste, petroleum or petroleum-derived substance or waste, asbestos, PCBs, radon gas, all forms of natural gas, or any hazardous or toxic constituent of any of the foregoing, whether such substance is in liquid, solid or gaseous form, or (iii) any such substance the release, discharge or spill of which requires activity to achieve compliance with applicable law.

Tenant shall immediately and promptly notify Landlord of any release, discharge, spill or emission of Hazardous Substances on, to or from the Leased Premises, and any complaint, summons, citation, notice, directive, order, claim, litigation, judicial or administrative proceeding, inquiry or investigation judgment, letter or other communication from any governmental agency, department, bureau, office or other authority, or any third party involving violations of Environmental Laws with respect to the Leased Premises.

The Landlord shall be responsible for any environmental conditions existing on the Leased Premises prior to the commencement of the Lease Term.

18. Environmental Indemnification

A. Tenant hereby agrees to indemnify, defend and hold harmless Landlord, its successors, assigns, officers and members of its Board of Education (in their individual and official capacities) and employees, from and against any and all fines, charges, penalties, losses, costs, damages, liabilities, cleanup or response activity costs and/or expenses (including reasonable attorneys' fees and actual consultants' fees) incurred by Landlord as a result of any claims, demands, actions, causes of action, suits, proceedings, investigations, assessments and audits, whether of law or in equity (collectively "Claims") attributable to (i) any third party claim or demand in connection with any Hazardous Substances generated, stored, leaked, spilled, discharged, emitted, or otherwise disbursed, in, on, under, above or about the Leased Premises, or violation of any Environmental Laws, from and after the date of this Lease; (ii) injuries sustained or other tort actions brought for Claims arising out of or related to any Hazardous Substances; (iii) the presence, disposal (including off-site disposal), escape, leakage,

discharge, emission, release or threatened release of any Hazardous Substances in, on, under, above, from or about the Leased Premises; and (iv) compliance with any administrative notice, order, request or demand relative to any Hazardous Substances on the Leased Premises or violation of any Environmental Laws.

B. Tenant's indemnification described above specifically includes, but is not limited to, the direct obligation of the Tenant to promptly perform any remedial or other activities required or ordered by any administrative agency or government official, or are otherwise necessary to avoid injury or liability to any person or property, to prevent the spread of any pollution and/or contamination, or to permit the continued safe use of the Leased Premises.

C. Notwithstanding the foregoing, in no event shall Tenant indemnify, defend or hold harmless Landlord, its successors, assigns, officers and members of its Board of Education (in their individual and official capacities) and employees, from and against any and all fines, charges, penalties, losses, costs, damages, liabilities, cleanup or response activity costs and/or expenses (including reasonable attorneys' fees and actual consultants' fees) arising from or attributable to: (a) any Hazardous Substances generated, stored, leaked, spilled, discharged, emitted, or otherwise disbursed, in, on, under, above or about the Leased Premises in violation of any Environmental Laws, prior to the date of this Lease; or (b) any condition arising from the negligence or willful misconduct of Landlord, its successors, assigns, officers and members of its Board of Education (in their individual and official capacities), employees, or any other Tenant.

19. Assignment and Subletting: Tenant shall not assign, or in any manner encumber this Lease, nor any part, right, or interest thereof, nor shall Tenant let or sublet or permit any part of the Leased Premises to be used or occupied by others for any reason whatsoever, without Landlord's advance written consent, which consent is discretionary in Landlord solely. Any assignment, transfer, hypothecation, mortgage, or sub-letting without the prior written consent of Landlord shall give Landlord the right to terminate this Lease and re-enter and repossess the Leased Premises. Notwithstanding the foregoing, the Tenant may assign this Lease Agreement if the assignment is made to a parent, subsidiary, related or affiliated company.

20. Default and Termination: Default and termination shall be governed by terms and conditions of the Contract. Notwithstanding the foregoing, upon termination of this Lease, Landlord may without further notice re-enter the Leased Premises and dispossess Tenant or any other occupant of the Leased Premises and remove its effects and hold the Leased Premises as if this Lease had not been made, saving and reserving to Landlord any other remedies which Landlord may have for the recovery of rent or damages due or to become due by virtue of this Lease or the breach thereof by Tenant. Should Landlord at any time permit payments of rent to be made after the time it is due, as stipulated herein, such delays shall not be construed as any waiver by Landlord of its right to have the rent for said Leased Premises paid monthly in advance. Any failure at any time by either of the parties hereto to enforce any of the provisions of this Lease shall not be construed as a waiver of such provisions nor of such party's right to enforce the same upon any subsequent occasion or default.

21. Bankruptcy: If Tenant shall file a petition in voluntary bankruptcy or be voluntarily or involuntarily adjudicated bankrupt or insolvent, or shall make an offer of composition to its creditors, or shall make an assignment for the benefit of creditors, or shall file a petition or answer seeking reorganization or readjustment under the federal bankruptcy laws or any other law or statute of the United States or any state thereof, or if a receiver or trustee shall be appointed for Tenant or for all or a substantial part of the property of Tenant and Tenant is not released from such receiver or trustee within thirty (30) days after appointment, or if an order shall be entered approving the reorganization of Tenant or the readjustment of Tenant's debts or obligations under the federal bankruptcy laws or any other law or statute of the United States or any state thereof, then any of such events shall be deemed to be a breach, default and anticipatory breach of this Lease. In any of such events and whenever and as often as any such failure, default, breach or anticipatory breach shall occur, the term hereof, at the option of Landlord, shall cease and determine and from thenceforth it shall be lawful for Landlord to re-enter into and repossess the Leased Premises situated thereon and Tenant and each and every occupant to remove and put out and to relet said Leased Premises for his own benefit; but reserving to Landlord all such rights as he may have for damages or otherwise because of said default, breach or anticipatory breach of Tenant.

22. Damages: In the event of the termination of this Lease or any provisions of law by reason of Tenant's default hereunder, Tenant shall pay Landlord as damages sums equal to the Rent which would have been payable by Tenant had this Lease not so terminated, payable on the days specified in Paragraph 4, until the expiration of the full Lease Term hereby granted; provided, that Landlord shall have the duty to mitigate such damages by reletting all or any part of the Leased Premises during said period, and Landlord shall credit Tenant with the excess of the rents received from such reletting over the expenses of the termination of the Lease and of the reletting, excluding any redecoration costs.

23. Surrender of Leased Premises: Upon the expiration of the Lease Term, Tenant shall quit and surrender the Leased Premises to Landlord in good order and condition, ordinary wear and damage excepted; and subject to Paragraph 7 hereof Tenant shall remove all of its property and shall repair any damage to the Leased Premises or any of Landlord's property, real or personal, caused by such removal.

24. Mechanics' Liens: Tenant shall pay all costs for construction done by it or caused to be done by it on the Leased Premises as permitted by this Lease. Tenant shall keep the Facility, its improvements, and the land of which the Leased Premises are a part, free and clear of all mechanics' liens resulting from construction done by or for Tenant.

25. Access to Leased Premises: Landlord shall at all times have the right to access the Leased Premises for the purpose of, without limitation, carrying out its day-to-day operations, to inspect the Leased Premises, preventing waste, loss, or destruction, removing obstructions, making such repairs or obligations as are necessary to protect the Leased Premises, performing any of its duties and obligations under the terms and conditions of this Lease or the Contract and/or monitor the Tenant's activities to ensure Tenant's compliance with the terms and conditions of the Contract. Moreover, in the event of an emergency which requires Landlord to use the Leased Premises, Landlord's needs/requirements for the Leased Premises shall take

precedence over Tenant's rights hereunder. Determination of priority of use of the Leased Premises shall be determined by Landlord in its sole and absolute discretion.

26. Compliance: Tenant shall, at its own expense, under penalty of forfeiture and damages, promptly comply with all laws, orders, regulations or ordinances (including all permits and plans applicable thereto) of all Municipal, County, State, and Federal authorities affecting use of the Leased Premises with respect to the cleanliness, safety, occupation, and use of same.

27. Challenge: Landlord, although presently unaware of any such non-compliance, does not covenant that the Leased Premises are in compliance with applicable Municipal, County, State, and Federal laws, including, but not limited to, fire, safety, handicap, barrier free, zoning and use ordinances or laws and other governmental regulations relating to the use of the facility for the purpose intended through this Lease.

28. Holding Over: Any holding over by the Tenant after the expiration or termination of this Lease or the Contract, without the consent of Landlord, shall be construed to be a tenancy from month to month and the Rent to be paid by Tenant shall be at fair market value as determined by Landlord in its sole discretion. Acceptance by Landlord of such payments after such expiration or termination shall not constitute a renewal of this Lease. This provision shall not operate as a waiver of Landlord's right to re-entry or any other right of Landlord, and Tenant shall be a Tenant at sufferance only during the period of any such holding over without the consent of Landlord.

29. Taxes and Special Assessments: If the Leased Premises are placed on the tax assessment rolls based upon Tenant's usage, then any real estate taxes, personal property taxes and/or special assessments assessed or levied against the Leased Premises during the Lease Term shall be borne by Tenant as additional Rent.

30. No Waiver: The failure of either party to enforce any covenant or condition of this Lease shall not be deemed a waiver thereof or of the right of either party to enforce each and every covenant and condition of this Lease. No provision of this Lease shall be deemed to have been waived unless such waiver is in writing.

31. Notices: Unless otherwise provided in this Lease, all notices, requests, demands and other communications shall be in writing and are effective three (3) days after deposit in the U.S. mail, certified and postage paid, or upon receipt if personally delivered or sent by next-business-day delivery via a nationally recognized overnight courier to the addresses set forth below. The Landlord or the Tenant may from time to time designate any other address for this purpose by providing written notice to the other Party.

A. To the Landlord. All required notices to the Landlord shall be delivered to the Superintendent, Troy School District, 4400 Livernios Road, Troy, Michigan 48098, with a copy to Dana 1. Abrahams, Esq, Clark Hill PLC, 151 S. Old Woodward Ave., Suite 200, Birmingham, MI 48009.

B. To the Tenant. All required notices to the Tenant shall be delivered to: Roger Moore, Region Vice President, First Student, Inc., 184 Shuman Boulevard, Suite 300,

Naperville, Illinois, 60563, with copy to: First Student, Inc, Attn: General Counsel, 600 Vine Street, Suite 1400, Cincinnati, Ohio, 45202.

32. Heirs and Assigns: The covenants, conditions and agreements contained in this Lease shall bind and inure to the benefit of Landlord and Tenant and their respective successors and assigns, subject to the limitation on assignment as herein contained.

33. Vacation or Abandonment: In the event Tenant shall abandon or vacate the Leased Premises before the end of the term, Landlord shall have the right and duty to relet the Leased Premises for such rent and upon such terms as Landlord is able to obtain. In the event a sufficient sum is not realized by such reletting, to pay to Landlord the equivalent of the rents reserved to Landlord from Tenant under the provisions of this Lease, Tenant promises and agrees to pay to Landlord the amount of such deficiency each month during the balance of such term.

34. Condemnation: If any part of the Leased Premises is taken for any public or quasi-public purpose pursuant to any power of eminent domain, or by private sale in lieu of eminent domain, either the Landlord or the Tenant may terminate this Lease, effective the date the public authority takes possession. All damages for the condemnation of the Leased Premises, or damages awarded because of the taking, shall be payable to the sole property of the Landlord.

35. Quiet Enjoyment: Landlord covenants and agrees with Tenant that upon Tenant paying the rent and observing and performing all the terms, covenants and conditions of Tenant's part to be performed and observed, Tenant may peaceably and quietly enjoy the Leased Premises for the full term hereof.

36. Policies/Regulations: Tenant, including its agents, representatives, employees, contractors, invitees, licensees and students shall at all times comply with all of the Troy School District policies, procedures and regulations.

37. Miscellaneous Provisions: The following miscellaneous provisions form a part of this Lease:

- A. Time is of the essence of each provision of this Lease.
- B. Rent and all other sums payable under this Lease must be paid in lawful money of the United States of America.
- C. The unenforceability, invalidity, or illegality of any provision shall not render the other provisions unenforceable, illegal, or invalid.
- D. This Lease shall be construed and interpreted in accordance with the laws of the State of Michigan.
- E. This Lease contains all of the agreements of the parties and cannot be amended or modified except by a written agreement.
- F. The captions of this Lease shall have no effect on its interpretation.

G. The parties hereto agree that no employees, volunteers, agents and personnel of either party shall be considered to be employees of the other, and acknowledge that this Lease does not create a partnership or joint venture between them.

IN WITNESS WHEREOF, the parties have caused this Lease to be executed as of the day and year first above written.

TROY SCHOOL DISTRICT

By: [Signature]

Its: Superintendent

Date: 6-30-09

FIRST STUDENT, INC.

By: [Signature]

Its: Region VP

Date: 6/19/10

A 2

EXHIBIT C

VEHICLE LIST [ATTACHED]

A 2

Troy School District Bus Fleet 4/16/12

	BUS	YEAR	CHASSIS	BODY	SERIAL #
1	1	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA56F232123
2	2	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA76F232124
3	3	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA96F232125
4	4	2004	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA54F216453
5	5	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA06F232126
6	6	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA36F232122
7	7	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA26F232127
8	12	2001	THOMAS	84 PASS SAF-T-LINER	1T7HT4B2111104642
9	14	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA08F242651
10	15	2005	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA46F232128
11	16	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA28F242652
12	17	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA48F242653
13	18	2002	INTERNATIONAL	63 PASS INTERNATIONAL	4DRBJAAR83A950819
14	20	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA68F242654
15	21	2004	INTERNATIONAL	27 PASS BLUEBIRD	1HVBBABP94H611262
16	22	2007	INTERNATIONAL	33 PASS INTERNATIONAL	4DRBUAFN57B502843
17	23	2006	INTERNATIONAL	16 PASS INTERNATIONAL	4DRBUAFP67B333207
18	24	2007	INTERNATIONAL	30 PASS INTERNATIONAL	4DRBUAFP87B408392
19	25	2007	INTERNATIONAL	18 PASS INTERNATIONAL	4DRBUAFP47B408390
20	26	2004	INTERNATIONAL	24 PASS BLUE BIRD	1HVBBABP44H611265
21	27	2006	INTERNATIONAL	16 PASS INTERNATIONAL	4DRBUAFP87B333208
22	28	2004	INTERNATIONAL	30 PASS BLUE BIRD	1HVBBABP04H611263
23	29	2006	INTERNATIONAL	16 PASS INTERNATIONAL	4DRBUAFPX7B333209
24	30	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA88F242655
25	31	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA79F259190
26	32	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA99F259191
27	33	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA09F259192
28	34	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA98F242762
29	35	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA88F248391
30	36	2008	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPAX8F248392
31	37	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA29F259193
32	38	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA49F259194
33	39	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA69F259195
34	40	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA89F259196
35	41	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPAX9F259197
36	42	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA19F259198
37	43	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA39F259199
38	44	2009	BLUEBIRD	77 PASS BLUEBIRD	1BAKGCPA69F259200
39	45	2001	THOMAS	84 PASS SAF-T-LINER	1T7HT4B2411091711
40	47	2001	THOMAS	84 PASS SAF-T-LINER	1T7HT4B2811091713
41	51	2001	BLUEBIRD	78 PASS ALL AMERICAN	1BABKBPA61F200256
42	52	2001	BLUEBIRD	78 PASS ALL AMERICAN	1BABKBPA81F200257
43	53	2001	BLUEBIRD	78 PASS ALL AMERICAN	1BABKBPA1F200258
44	54	2001	THOMAS	84 PASS SAF-T-LINER	1T7HT4B2311104643

A 2

45	55	2001	BLUEBIRD	78 PASS ALL AMERICAN	1BABKBPA11F200259
46	56	2001	BLUEBIRD	78 PASS ALL AMERICAN	1BABKBPA81F200260
47	58	2001	MVP-ER	84 PASS THOMAS	1T7HT4B2021112359
48	61	2004	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA34F216452
49	62	2004	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA74F216454
50	63	2004	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA94F216455
51	64	2006	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA06F237844
52	65	2006	BLUEBIRD	78 PASS BLUEBIRD	1BABKBXA26F237845
53	100	2006	INTERNATIONAL	30 PASS INTERNATIONAL	4DRBUAFP76B172946
54	101	2006	INTERNATIONAL	30 PASS INTERNATIONAL	4DRBUAFP96B172947
55	102	2003	FREIGHTLINER	36 PASS THOMAS	4UZAACP24CM82466
56	103	2004	FREIGHTLINER	36 PASS THOMAS	4UZAADHX5CU44069
57	104	2004	INTERNATIONAL	27 PASS BLUEBIRD	1HVBBABP24H611264
58	105	2002	INTERNATIONAL	30 PASS BLUE BIRD	1HVBBABPX3H568680
59	106	2002	INTERNATIONAL	30 PASS BLUE BIRD	1HVBBABP33H568679
60	107	2002	INTERNATIONAL	24 PASS BLUE BIRD	1HVBBABP13H568681
61	108	2001	NAVISTAR	25 PASS THOMAS	1HVBBABMX1H402369
62	112	2001	FREIGHTLINER	47 PASS THOMAS	4UZAABV11CH94180
63	113	2007	INTERNATIONAL	18 PASS INTERNATIONAL	4DRBUAFP67B408391
64	114	2007	INTERNATIONAL	36 PASS INTERNATIONAL	4DRBUAFN17B502841
65	115	2001	NAVISTAR	41 PASS THOMAS	1HVBBABP31H402370
66	116	2001	NAVISTAR	41 PASS THOMAS	1HVBBABP51H402371
67	117	2004	INTERNATIONAL	24 PASS BLUE BIRD	1HVBBABP64H611266
68	118	2001	NAVISTAR	41 PASS THOMAS	1HVBBABP71H402372
69	121	2006	INTERNATIONAL	36 PASS INTERNATIONAL	4DRBUAFP47B333206
70	122	2007	INTERNATIONAL	36 PASS INTERNATIONAL	4DRBUAFN37B502842
71	123	2007	INTERNATIONAL	33 PASS INTERNATIONAL	4DRBUAFN58B502844
72	124	2009	INTERNATIONAL	13 PASS INTERNATIONAL	4DRBUAAN09B040010
73	125	2009	INTERNATIONAL	13 PASS INTERNATIONAL	4DRBUAAN29B040011
74	126	2009	INTERNATIONAL	30 PASS INTERNATIONAL	4DRBUAAN49B040012
75	127	2009	INTERNATIONAL	30 PASS INTERNATIONAL	4DRBUAAN69B040013



Purchasing Department
Facility Operations

RFP 9769

RE: Pupil Transportation Services

ADDENDUM #4 – February 3, 2014

The Bidding Documents are modified, supplemented or augmented as follows, and this Addendum is hereby made a part of the proposed Contract Documents.

Question #1

To completely understand the entire RFP, please provide a copy of the detailed transportation invoices from the month of October 2013?

Answer #1

See attached A4.

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$2,078.93	2609-002299

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Costello Elementary PTO		Jun 12 2013	Jun 12 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Costello Elementary PTO 1333 Hamman Troy, MI 48098	612124	612124

COMMENTS

Branch Phone #: (248) 823-4054

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
	Costello K 5 to Michigan Science CTR	2609-41210	Jun 06 2013	Jun 06 2013		7.15	\$48.46	6.00	\$2,078.93

SUB TOTAL: \$2,078.93
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$2,078.93

*1332.00
 due per
 attached stat.
 Balance pd by
 PTO*

700-012-199-3930-00-5000

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE:	\$2,078.93
AMOUNT PAID:	<input type="text"/>
INVOICE NUMBER	2609-002299
CUSTOMER NUMBER	612124
EBRANCH NUMBER	612124
LOCATION CODE	22609
COMPANY NAME	Costello Elementary PTO
BRANCH PHONE	(248) 823-4054

Branch Phone #: (248) 823-4054

INVOICE

BRANCH	AMOUNT	INVOICE #
2609	\$2,078.93	2609-002299

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Costello Elementary PTO		Jun 12 2013	Jun 12 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Costello Elementary PTO 1333 Hamman Troy, MI 48098		612124		612124	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
	Costello K 5 to Michigan Science CTR	2609-41210	Jun 06 2013	Jun 06 2013		7.15	\$48.46	6.00	\$2,078.93

SUB TOTAL: \$2,078.93
 AMOUNT PAID: \$0.00
 AMOUNT DUE: ~~\$2,078.93~~

*1332.00
 due per
 attached stat.
 Balance pd by
 PTO*

700-012-199-3930-00-5000

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE:	\$2,078.93
AMOUNT PAID:	<input type="text"/>
INVOICE NUMBER	2609-002299
CUSTOMER NUMBER	612124
EBRANCH NUMBER	612124
LOCATION CODE	22609
COMPANY NAME	Costello Elementary PTO
BRANCH PHONE	(248) 823-4054

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Cross Country			Oct. 03, 2013	Oct. 03, 2013		N/A	Page 1 of 1		
BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER			
Troy HS - Cross Country 4400 Livernois Troy, MI 48098			533809			533809			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT

1	Troy Cross Country to Huron Meadows - 1 Stay and 2 Drop	2609-41210	Sep. 28, 2013	Sep. 28, 2013	<input type="checkbox"/>	6.33	\$48.94	3.00	\$929.37
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SUB TOTAL: \$929.37
AMOUNT PAID: \$0.00
AMOUNT DUE: \$929.37

D. Asac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$929.37
AMOUNT PAID:
 INVOICE NUMBER: 2609-002437
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Cross Country
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: J LENAWAY REG BUS # 113 TRIP BUS # 63

LOAD TIME: 7:00 AM

FROM: TROY HIGH TO HORON MEADOWS METROPARK
TBA

TEAM / GROUP CROSS COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84030
Beginning 83911
TOTAL: 44

FUEL Beginning Level Full
Gallons Added _____

START TIME: 6:30 AM

RETURN TIME: 3:30 PM

TOTAL Hrs. 9 Min. 00

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS _____

Jill C Lenaway 9/28/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

3:00pm

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

900 ✓
900 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: D KURTZ 38 62
REG BUS # TRIP BUS #

LOAD TIME: 7:00 AM

FROM: Troy High TO TBA Huron Meadows

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 101340
Beginning 101233
TOTAL: _____

FUEL Beginning Level 34
Gallons Added 22

START TIME: 6:30
RETURN TIME: 11:30

TOTAL Hrs. 5 Min. 00

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

D. Kurtz
DRIVER SIGNATURE DATE 9-28-13

COACH / TEACHER COMMENTS: _____

Phil Steh 5:00
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: J ZALEWSKI REG BUS # sub 61 TRIP BUS # 61
LOAD TIME: 7:00 AM
FROM: TROY HIGH TO TRB HURON MEADOWS METROPARK
TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 90789
Beginning 90684
TOTAL: 105

FUEL Beginning Level FULL
Gallons Added 0

START TIME: 6:30
RETURN TIME: 11:30

TOTAL Hrs. 5 Min. 0

INSTRUCTIONS: Drop

DRIVER COMMENTS Big Tear in rear seat drivers side before I started trip; loaded at 7:40
[Signature] 9/28/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.00 ✓

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$1,276.84	2609-002438

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Football		Oct. 03, 2013	Oct. 03, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Troy HS - Football 4400 Livernois Troy, MI 48098		533910		533809	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy V Football to Ford Field - Stay	2609-41210	Sep. 28, 2013	Sep. 28, 2013	<input type="checkbox"/>	6.53	\$48.94	3.00	\$958.73
2	Troy V Cheer to Ford Field - Stay	2609-41210	Sep. 28, 2013	Sep. 28, 2013	<input type="checkbox"/>	6.50	\$48.94	1.00	\$318.11

SUB TOTAL: \$1,276.84
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,276.84

R. Asaw

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,276.84

AMOUNT PAID:

INVOICE NUMBER: 2609-002438

CUSTOMER NUMBER: 533910

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Football

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: D KUPTZ 38 62
REG BUS # TRIP BUS #

LOAD TIME: 3:30

FROM: TROY HIGH TO FORD FIELD

TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC ~~04 - FINE ARTS~~ 05 - ATHLETIC

MILEAGE: Ending 101392
Beginning 101340
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00

RETURN TIME: 9:35

TOTAL
Hrs. 6 Min. 35

INSTRUCTIONS: STAY w/c

DRIVER COMMENTS _____

Deborah Kutz
DRIVER SIGNATURE

9-28-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

658 ✓

58

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: C KIELY
LOAD TIME: 3:30 REG BUS # 61 TRIP BUS # 61

FROM: TROY HIGH TO FORD FIELD
TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 90840 Beginning 90789 TOTAL: 59
FUEL Beginning Level _____ Gallons Added _____

START TIME: 3:00 RETURN TIME: 9:30
TOTAL Hrs. 6 Min. 30

INSTRUCTIONS: u/c STAY

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE 9/28

COACH / TEACHER COMMENTS: [Signature]

[Signature] 9:30
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

6-504
1252

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: J ZALEWSKI SUB 124

LOAD TIME: 3:30 REG BUS # TRIP BUS #

FROM: Troy High TO FORD FIELD

TEAM / GROUP EQUIPMENT

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 62454
TOTAL: _____

FUEL
Beginning Level FULL
Gallons Added _____

START TIME: 3:00

RETURN TIME: 9:30


TOTAL
Hrs. 6 Min. 30

INSTRUCTIONS: LIFT BUS

DRIVER COMMENTS _____

[Signature] 9/28/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

6:50 ✓
25.0

In Case of Emergency-Please Call in the Order the Names Appear A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: D RIGHTER sub 12
REG BUS # TRIP BUS #

LOAD TIME: ~~4:00~~ 4:00

FROM: Troy HIGH TO FORD FIELD

TEAM / GROUP CHAZAR / B&MD

TRIP TYPE: 02 - EDUC 03 - PARKS & REC ~~04 - FINE ARTS?~~ 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 33492
TOTAL: _____

FUEL
Beginning Level 1/2
Gallons Added 0

START TIME: 3:30

TOTAL

RETURN TIME: 10:00

Hrs. 6 Min. 30

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS Zonar doesn't work!

[Signature] 9/28/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

BONUS

6-50
6-50

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Band			Oct. 03, 2013	Oct. 03, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Troy HS - Band 4777 Northfield Park Troy, MI 48098				533809			533809		
				COMMENTS					
						Branch Phone #: (248) 823-4054			
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Band/Pep to Ford Field - Stay	2609-41210	Sep. 28, 2013	Sep. 28, 2013		6.50	\$48.94	4.00	\$1,272.44

SUB TOTAL: \$1,272.44
AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,272.44

R. Asaw

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,272.44

AMOUNT PAID:

INVOICE NUMBER: 2609-002439

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Band

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 2 867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: S CHRONOWSKI 6 REG BUS # 6 TRIP BUS #

LOAD TIME: 4:00

FROM: TROY HIGH TO FORD FIELD

TEAM / GROUP Spirit CHIEF/BAMP

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 90565
Beginning 90513
TOTAL: 52

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:30

TOTAL

RETURN TIME: 9:55

Hrs. 6 Min. 25

INSTRUCTIONS: STAY u/c

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE 9-28-13

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

BONUS *

6-42 ✓

6-42

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: J CASSEL 64 64
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: TROY HIGH TO FORD FIELD

TEAM / GROUP SPIRIT ~~CHEER~~ / BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 111170
Beginning 111120
TOTAL: 50

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:30

RETURN TIME: 9:30

TOTAL
Hrs. 6 Min. 20

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS _____

[Signature] 9/28/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

BAND *

6-337

6-337

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: D CAMERON 4 REG BUS # 4 TRIP BUS #

LOAD TIME: 4:00

FROM: TROY HIGH TO FORD FIELD

TEAM / GROUP SPRINT CHEER/BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 120718
Beginning 120664
TOTAL: 54

FUEL
Beginning Level F011
Gallons Added 0

START TIME: 3:30 PM

TOTAL

RETURN TIME: 9:55 PM

Hrs. 6 Min. 25

INSTRUCTIONS: u/c STAY

DRIVER COMMENTS

[Signature] 9-28-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Thanks!

[Signature] 9:30
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

6420

642

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/28/13

DRIVER: B PUCKETT 34 34
REG BUS # TRIP BUS #

LOAD TIME: 3:30

FROM: TROY HIGH TO FORD FIELD

TEAM / GROUP SPRINT CHEER / BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS ~~05 - ATHLETIC~~

MILEAGE: Ending 70637
Beginning 70585
TOTAL: 52

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 3:00

RETURN TIME: 9:50



TOTAL
Hrs. 6 Min. 50

INSTRUCTIONS: STAY

DRIVER COMMENTS

Brian A. Puckett 9-28-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

683
583



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$587.28	2609-002440

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Barnard Elementary		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO: Troy School district 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533873	533873
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Barnard 3rd grade to Greenfield Village	2609-41210	Oct. 03, 2013	Oct. 03, 2013		6.00	\$48.94	2.00	\$587.28

SUB TOTAL: \$587.28
AMOUNT PAID: \$0.00
AMOUNT DUE: \$587.28

700-016-199-7000-00-5000

Q. Arano

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$587.28
AMOUNT PAID:
 INVOICE NUMBER: 2609-002440
 CUSTOMER NUMBER: 533873
 EBRANCH NUMBER: 533873
 LOCATION CODE: 22609
 COMPANY NAME: Barnard Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: B PUCKETT 34 34
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: BARNARD TO GREENFIELD VILLAGE

TEAM / GROUP B¹⁰¹

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 70,950
Beginning 70,882
TOTAL: 68

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 9:15

RETURN TIME: 3:15

TOTAL
Hrs. 6 Min. 0

INSTRUCTIONS: STAY RETURN 3:00

DRIVER COMMENTS _____

Brian A Puckett 10/3/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

3:15 pm.
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

10/2

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 6

6:00

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: R BOWERS 16
REG BUS # TRIP BUS #

LOAD TIME: 9:30

FROM: BARNARD TO GREENFIELD VILLAGE

TEAM / GROUP 2nd gr

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80045 FUEL Beginning Level _____
Beginning 79974 Gallons Added _____
TOTAL: 21

START TIME: 9:15 TOTAL
RETURN TIME: 9:31:15 Hrs. 6 Min. 00

INSTRUCTIONS: stay RETURN 3:00

DRIVER COMMENTS _____

R. Bowers 9/3/2013
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 3:14 pm

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 107/2 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # <

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Barnard GRADE/GROUP 3rd Grade
 DAY Thurs. DATE Oct. 3, 2013 # OF STUDENTS 95 ADULTS 4 teachers 8 parents 12 total
 DESTINATION Greenfield Village
 ADDRESS 50900 Oakwood Blvd Dearborn
No Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE support social studies curriculum

EXACT TYPE OF TRANSPORTATION PLANNED bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 9:30 a.m. Depart destination 2:30 a.m.
p.m. p.m.

Arrive destination 10:00 a.m. Arrive school 3:00 a.m.
p.m. p.m.

Students' supervision during trip by Christine Russell, Lori Eper, Meghan Waldron, Tracy Oliver

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Brian Glue DATE 9/5/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 2000 DATE _____

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Hill Elementary			Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Hill Elementary 4400 Livernois Troy, MI 48098				533883			533883		
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Hill 3rd grade to Detroit Renaissance Center/Ford Field	2609-41210	Oct. 03, 2013	Oct. 03, 2013	<input type="checkbox"/>	6.50	\$48.94	1.00	\$318.11

SUB TOTAL: \$318.11
AMOUNT PAID: \$0.00
AMOUNT DUE: \$318.11

700-010-199-3930.00-5000

R Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$318.11

AMOUNT PAID:

INVOICE NUMBER: 2609-002441

CUSTOMER NUMBER: 533883

EBRANCH NUMBER: 533883

LOCATION CODE: 22609

COMPANY NAME: Hill Elementary

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

THOR

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: D ALTO REG BUS # 22 TRIP BUS # 44

LOAD TIME: 9:00

FROM: HILL TO DETROIT RENAISSANCE CTR / FORD FIELD
TEAM / GROUP 309

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 57810.4
Beginning
TOTAL:

FUEL Beginning Level Full
Gallons Added

START TIME: 8:45
RETURN TIME: 3:15

TOTAL Hrs. 6 Min. 30

INSTRUCTIONS: RETURN @ 3:15

DRIVER COMMENTS

[Signature] 10-3-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

3:15
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

6/3/1

Reg. Hrs.
O.T. Hrs.
Valid Meal Receipt
Employee ID #

Bonus

TRIP #

6.50 ✓

6.50

TROY SCHOOL DISTRICT

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL High School GRADE/GROUP 9th
DAY Monday DATE July 30 # OF STUDENTS 31 ADULTS 3
DESTINATION Denver, Colorado
ADDRESS 2700 1st St
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE Senior Student Trip to Denver

EXACT TYPE OF TRANSPORTATION PLANNED Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 9:00 a.m. / p.m. Depart destination 2:30 a.m. / p.m.
Arrive destination 9:45 a.m. / p.m. Arrive school 3:15 a.m. / p.m. OK

Students' supervision during trip by Teachers/Parent Volunteers

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Renee He... DATE 7/13/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL James... DATE 7/17/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL [Signature] DATE 7/22/13

TRANSPORTATION DEPT. COSTS 1 bus DATE 7/20/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$391.52	2609-002442

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Cross Country		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Athens HS - Cross Country 4400 Livernoise Troy, MI 48098		533815		533815	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Cross Country to Kensington MetroPark - Stay	2609-41210	Oct. 05, 2013	Oct. 05, 2013		8.00	\$48.94	1.00	\$391.52

SUB TOTAL: \$391.52
AMOUNT PAID: \$0.00
AMOUNT DUE: \$391.52

R. Daw

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$391.52

AMOUNT PAID:

INVOICE NUMBER: 2609-002442

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS - Cross Country

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: J GRAY 52 61
REG BUS # TRIP BUS #

LOAD TIME: 6:45 7:00 AM

FROM: ATHENS TO KENSINGTON METROPARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91088
Beginning 90928
TOTAL: 160

FUEL
Beginning Level 2/8
Gallons Added 08

START TIME: 6:15

RETURN TIME: 2:15

TOTAL
Hrs. 8 Min. 0

INSTRUCTIONS: STAY

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE 10-5-13
DATE

COACH / TEACHER COMMENTS:

[Signature]

2:00

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 17

[Handwritten note]



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$1,187.28	2609-002443

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Football		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Athens HS - Football 4400 Livernois Troy, MI 48098		533815		533815	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens V Football to Stoney Creek - Stay	2609-41210	Oct. 04, 2013	Oct. 04, 2013	<input type="checkbox"/>	6.17	\$48.94	3.00	\$905.88
2	Athens V Cheer to Stoney Creek - Stay	2609-41210	Oct. 04, 2013	Oct. 04, 2013	<input type="checkbox"/>	5.75	\$48.94	1.00	\$281.40

SUB TOTAL: \$1,187.28
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,187.28

D. Man

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,187.28
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002443
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Football
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: M CARPENTER 26 61
REG BUS # TRIP BUS #

LOAD TIME: 4:45 ~~4:30~~

FROM: ATHENS TO STONEY CREEK H.S.

TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 90988 Beginning 90960 TOTAL: 28
FUEL Beginning Level FULL Gallons Added

START TIME: 4:15 (BUS HAD NOT GONE OUT TODAY) TOTAL Hrs. 4 Min. 30
RETURN TIME: 10:45

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS

M. Carpenter 10-4-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: J.H.



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 13

650 ✓
50

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: L CROSTHWAITÉ 37 12
REG BUS # TRIP BUS #

LOAD TIME: 4:45

FROM: ATHENS TO STONEY CREEK HS

TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 33882
Beginning 33857
TOTAL: 25

FUEL Beginning Level 3/4
Gallons Added _____

START TIME: 4:40

RETURN TIME: 10:46

TOTAL Hrs. 6 Min. 06

INSTRUCTIONS: do stay

DRIVER COMMENTS went straight from P.M. Run to Trip

[Signature] 10/4/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

X 10:23

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 14

6.10V

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: E. BENSON
~~R. DUMO~~

3/62 REG BUS # 24 TRIP BUS #

LOAD TIME: 4:45

FROM: ATHENS TO STONEY CREEK H.S.

TEAM / GROUP EQUIPMENT

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 68837
Beginning 621809
TOTAL: _____

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 4:45

TOTAL
Hrs. _____ Min. _____

RETURN TIME: 7:40

INSTRUCTIONS: SM. BUS w/ LIFT

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE 10/4/13 DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

5:22 ✓

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP #

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: N WILLIS
~~RAMO~~

105
sfj
REG BUS # TRIP BUS #

LOAD TIME: 4:30

FROM: ATHENS TO STONEY CREEK

TEAM / GROUP CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 111560
Beginning 111533
TOTAL: 27

FUEL
Beginning Level _____
Gallons Added _____

START TIME: ~~4:00~~ 4:45

TOTAL
Hrs. 45 Min. 45

RETURN TIME: 10:30

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

N Willis
DRIVER SIGNATURE

10-4-13
DATE

COACH / TEACHER COMMENTS: _____

H. Clark
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 112

5752

112

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Soccer			Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Athens HS - Soccer 4400 Livernois Troy, MI 48098				533815		533815			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT

1	Athens Boys JV/V Soccer to U of D Jesuit - Drop	2609-41210	Sep. 30, 2013	Sep. 30, 2013	<input type="checkbox"/>	1.68	\$48.94	1.00	\$82.22
2	Athens Boys JV/V Soccer to Berkley - Drop	2609-41210	Oct. 01, 2013	Oct. 01, 2013	<input type="checkbox"/>	1.83	\$48.94	1.00	\$89.56
3	Athens Boys FR/JV Soccer to Seaholm - Drop	2609-41210	Oct. 04, 2013	Oct. 04, 2013	<input type="checkbox"/>	1.00	\$48.94	1.00	\$48.94

SUB TOTAL: \$220.72
AMOUNT PAID: \$0.00
AMOUNT DUE: \$220.72

R. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$220.72
AMOUNT PAID:
 INVOICE NUMBER: 2609-002444
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/30/13

DRIVER: T HUGHES 17 17
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: ATHENS TO U OF D JESUIT

TEAM / GROUP Boys JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 79185
Beginning 79150
TOTAL: 35

FUEL
Beginning Level F
Gallons Added 0

START TIME: 4:00

RETURN TIME: :5:38

TOTAL
Hrs. 1 Min. 38

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] 9/30/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 1

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/1/13

DRIVER: M. Carpenter 26 10
LOAD TIME: ~~4:15~~ 3:50 REG BUS # TRIP BUS #

FROM: ATHENS TO BERKLEY
TEAM / GROUP Boys JV/V SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 100745 FUEL Beginning Level 3/4
Beginning 100722 Gallons Added -
TOTAL: 23



START TIME: 3:20 TOTAL Hrs. 1 Min. 50
RETURN TIME: 5:10

INSTRUCTIONS: Drop

DRIVER COMMENTS

M. Carpenter 10-1-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 2

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: C Weiskopf S/B 36
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: ATHENS TO SEAHOLM

TEAM / GROUP Boys FRM Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 105186
TOTAL: _____

FUEL
Beginning Level over 1/2
Gallons Added _____

START TIME: 2:45
RETURN TIME: 3:45

TOTAL
Hrs. 1 Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

DRIVER SIGNATURE _____ DATE _____

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP #

100 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$67.05	2609-002445

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Swimming		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Athens HS - Swimming 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Girls Swim to Henry Ford - Drop	2609-41210	Oct. 01, 2013	Oct. 01, 2013		1.37	\$48.94	1.00	\$67.05

SUB TOTAL: \$67.05
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$67.05

R. W. W.
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$67.05
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002445
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Swimming
 BRANCH PHONE: (248) 823-4054

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10-1-13

DRIVER To Hughes 17 17
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: Athens TO Henry Ford

TEAM / GROUP Girls Swim

TRIP TYPE: 02 · EDUC 03 · PARKS & REC 04 · FINE ARTS 05 · ATHLETIC

MILEAGE: Ending 79310
Beginning 79289
TOTAL: 21

FUEL Beginning Level 7/8
Gallons Added 0

START TIME: 4:00
RETURN TIME: 5:22
TOTAL Hrs. 1 Min. 22

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] 10/1/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: * Reg. Hrs _____
O.T. Hrs _____
Valid Meal Receipt _____
Employee ID # _____

1.37 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Tennis			Oct 08, 2013	Oct 08, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Athens HS - Tennis 4400 Livernois Troy, MI 48098				533815			533815		
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Boy V Tennis to Scranton MS (Brighton) - Stay	2609-41210	Oct. 03, 2013	Oct. 03, 2013		5.08	\$48.94	1.00	\$248.62

SUB TOTAL: \$248.62
AMOUNT PAID: \$0.00
AMOUNT DUE: \$248.62

R. Asari

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$248.62
AMOUNT PAID:
 INVOICE NUMBER: 2609-002446
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Tennis
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: M HERSBACK REG BUS # 40 TRIP BUS # 36
LOAD TIME: 3:00
FROM: ATHENS TO Scranton M.S. BRIGHTON
TEAM / GROUP Boys V TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 165171
Beginning 165073
TOTAL: 98

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:35
RETURN TIME: 7:40

TOTAL
Hrs. 5 Min. 5

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

M Newteach 10/3/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Thanks for staying!

Andrew Shopp
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

7:15 p.m.
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 7

508 ✓

508 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$52.86	2609-002447

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Volleyball		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO: Athens HS - Volleyball 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533815	533815
	COMMENTS Branch Phone #: (248) 823-4054	

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX	QTY.	RATE	UNITS	AMOUNT
1	Athens FR/JV/V Volleyball to Pontiac - Drop	2609-41210	Oct. 01, 2013	Oct. 01, 2013		1.08	\$48.94	1.00	\$52.86

SUB TOTAL: \$52.86
AMOUNT PAID: \$0.00
AMOUNT DUE: \$52.86

[Signature]
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$52.86
AMOUNT PAID:
 INVOICE NUMBER: 2609-002447
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Volleyball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/1/13

DRIVER: C. Burch ~~7~~ X 63

LOAD TIME: ~~3:15~~ 4:15

REG BUS # TRIP BUS #

FROM: ATHENS TO PONTIAC H.S.

TEAM / GROUP FR/IV/V VOLLEYBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84,276
Beginning 84,245
TOTAL: _____

FUEL
Beginning Level FULL
Gallons Added N/A

START TIME: 4:15 PM

RETURN TIME: 5:20 PM

TOTAL
Hrs. 1 Min. 5

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

DRIVER SIGNATURE

10/1/2013
DATE

COACH / TEACHER COMMENTS: _____

Emily Rafter
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

4:50 PM
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

108 ✓

108



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$1,200.99	2609-002448

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Cross Country		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Troy HS - Cross Country 4400 Livernois Troy, MI 48098		533809		533809	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Cross Country to Kensington MetroPark - Stay	2609-41210	Oct. 05, 2013	Oct. 05, 2013		8.18	\$48.94	3.00	\$1,200.99

SUB TOTAL: \$1,200.99
 AMOUNT PAID: \$0.00
 AMOUNT DUE: \$1,200.99

R. Asan

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,200.99
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002448
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Cross Country
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: D KURTZ 38 02
REG BUS # TRIP BUS #

LOAD TIME: 7:30 AM 1045

FROM: TROY HIGH TO KENSINGTON METROPARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added 20

START TIME: 6:15

TOTAL

RETURN TIME: 2:30

Hrs. 8 Min. 15

INSTRUCTIONS: w/c STAY RET ~ 2 pm

DRIVER COMMENTS _____

Deborah Kurtz
DRIVER SIGNATURE

10-5-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]

1:56 pm

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 10

8.25

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: J CASSEL 6d 68
REG BUS # TRIP BUS #

LOAD TIME: 2:30 AM 6:45

FROM: Troy High TO KENSINGTON METROPARK

TEAM / GROUP X country

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 111652
Beginning 111560
TOTAL: 92

FUEL Beginning Level Full
Gallons Added 30

START TIME: 6:15

TOTAL Hrs. 8 Min. 02

RETURN TIME: 2:17

INSTRUCTIONS: STAY RET 2:00

DRIVER COMMENTS NO KEYS TOOK 63 KEYS

[Signature] 10/5/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

2:00 pm
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: S CHRONOWSKI 6 6
REG BUS # TRIP BUS #

LOAD TIME: 2:30 AM 10:45

FROM: TROY HIGH TO KENSINGTON METROPARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91027
Beginning 90923
TOTAL: 104

FUEL
Beginning Level _____
Gallons Added 42

START TIME: 6:15

TOTAL
Hrs. 8 Min. 15

RETURN TIME: 2:30

INSTRUCTIONS: STAY RETURN 2:15H

DRIVER COMMENTS _____

Shelley 10-5-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

Phil Steele
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 19

8:25 ✓
4:35 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$1,167.22	2609-002449

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Football		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy HS - Football 4400 Livernois Troy, MI 48098	533910	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy V Football to West Bloomfield - Stay	2609-41210	Oct. 04, 2013	Oct. 04, 2013	<input type="checkbox"/>	6.20	\$48.94	3.00	\$910.28
2	Troy V Cheer/Pep Band to West Bloomfield - Stay	2609-41210	Oct. 04, 2013	Oct. 04, 2013	<input type="checkbox"/>	5.25	\$48.94	1.00	\$256.94

SUB TOTAL: \$1,167.22
AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,167.22

[Signature]

Please detach this part, and return this portion with your prepayment to:



AMOUNT DUE: \$1,167.22

AMOUNT PAID:

INVOICE NUMBER: 2609-002449

CUSTOMER NUMBER: 533910

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Football

BRANCH PHONE: (248) 823-4054

Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: H CHATEL 33 62
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: Troy High TO W. BLOOMFIELD H.S.

TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 101761
Beginning 101736
TOTAL: 35 25

FUEL
Beginning Level F
Gallons Added _____

START TIME: 4:00

RETURN TIME: 1:0:14

TOTAL
Hrs. 6 Min. 14

INSTRUCTIONS: STAY w/c

DRIVER COMMENTS _____

Heather Chatel
DRIVER SIGNATURE

10/4/13
DATE

COACH / TEACHER COMMENTS: GOOD TRIP

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

10:00
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 8

6-23 ✓

23

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: C Burch 1 63
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: Troy High TO W. BLOOMFIELD H.S.

TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84,464
Beginning 84,436
TOTAL: 28

FUEL
Beginning Level FULL
Gallons Added N/A

START TIME: 4:15 PM

TOTAL
Hrs. 5 Min. 57

RETURN TIME: 10:12

INSTRUCTIONS: STAY w/c

DRIVER COMMENTS

[Signature] 10/4/2013
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

9:54 PM
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 9

5.95 ✓

5.95 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: B BARTLE

41
REG BUS #

104
TRIP BUS #

LOAD TIME: 4:00

FROM: TROY HIGH TO W. BLOOMFIELD H.S.

TEAM / GROUP EQUIPMENT

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 143234
Beginning 143205
TOTAL: 29

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:45

TOTAL
Hrs. _____ Min. _____

RETURN TIME: 10:10

INSTRUCTIONS: SM. LIFT BUS

DRIVER COMMENTS

Robert Bartles
DRIVER SIGNATURE 10/4/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 10

642 ✓

48

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/4/13

DRIVER: D CAMERON
J PAULRINEK
REG BUS # 4 TRIP BUS # 4

LOAD TIME: 5:00

FROM: Troy High TO W. BLOOMFIELD HS.

TEAM / GROUP CHEER / PER BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 127174
Beginning 127147
TOTAL: 27

FUEL Beginning Level 7.8
Gallons Added 2

START TIME: 4:55pm
RETURN TIME: 10:10pm

TOTAL Hrs. 5 Min. 15

INSTRUCTIONS: o/c STAY

DRIVER COMMENTS

[Signature] DRIVER SIGNATURE 10-4-13 DATE

COACH / TEACHER COMMENTS:

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 11

5.250
5.25

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Soccer			Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Troy HS - Soccer 4400 Livernois Troy, MI 48098				533809			533809		
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Boys JV/V Soccer to Rochester - Drop	2609-41210	Oct. 01, 2013	Oct. 01, 2013	<input type="checkbox"/>	1.17	\$48.94	1.00	\$57.26
2	Troy Boys FR Soccer to Rochester - Drop	2609-41210	Oct. 02, 2013	Oct. 02, 2013	<input type="checkbox"/>	1.13	\$48.94	1.00	\$55.30
3	Troy Boys JV/V Soccer to Royal Dak - Drop	2609-41210	Oct. 03, 2013	Oct. 03, 2013	<input type="checkbox"/>	1.00	\$48.94	1.00	\$48.94

SUB TOTAL: \$161.50
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$161.50

D. Araro

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$161.50
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002450
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/1/13

DRIVER: J LENAWAY 113
REG BUS # TRIP BUS #

LOAD TIME: 4:15

FROM: TROY HIGH TO ROCHESTER H.S.

TEAM / GROUP Boys JV Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 101413
Beginning 101495
TOTAL: 18

FUEL
Beginning Level 3/4
Gallons Added _____

START TIME: 4:00

RETURN TIME: 5:10

TOTAL
Hrs. 1 Min. 10

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/1/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

DRIVER: C. Hanney sub 22
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: Troy High TO ROCHESTER H.S.

TEAM / GROUP Boys Fr Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 101531
Beginning 101513
TOTAL: _____

FUEL
Beginning Level 5/8
Gallons Added 0

START TIME: 2:45

TOTAL
Hrs. 1 Min. 7

RETURN TIME: 3:53

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Connie Hanney
DRIVER SIGNATURE DATE 10-2-13

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: D. Weishaar REG BUS # 513 TRIP BUS # 44

LOAD TIME: 3:45

FROM: Troy High TO Royal Oak H.S.

TEAM / GROUP Boys JV Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 57827
Beginning 57810
TOTAL: _____

FUEL
Beginning Level over 3/4
Gallons Added 0

START TIME: 3:30

TOTAL
Hrs. _____ Min. _____

RETURN TIME: 4:30

INSTRUCTIONS: Drop ✓

DRIVER COMMENTS _____

D. Weishaar 10-3-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

Brian Jank
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

100 ✓



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$45.02	2609-002451

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Swim		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy HS - Swim 4400 Livernois Troy, MI 48098	533809	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls Swim to Bloomfield Hills H.S. - Drop	2609-41210	Oct. 01, 2013	Oct. 01, 2013		0.92	\$48.94	1.00	\$45.02

SUB TOTAL: \$45.02
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$45.02

D. Swan
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$45.02
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002451
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Swim
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/1/13

DRIVER: C PARKER REG BUS # 39 TRIP BUS # 39

LOAD TIME: 4:30

FROM: Troy High TO Bloomfield Hills H.S.

TEAM / GROUP GIRLS SWIM

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 62855
Beginning 62841
TOTAL: 14

FUEL
Beginning Level F
Gallons Added 0

START TIME: 4:30

TOTAL
Hrs. _____ Min. 55

RETURN TIME: 5:25

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C Parker
DRIVER SIGNATURE DATE 10-1-13

COACH / TEACHER COMMENTS: M. Malloy



SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 11

92 ✓
92



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

A4

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$494.78			2609-002453	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Middle School Football		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1
BILL TO:			CUSTOMER NUMBER		EBRANCH NUMBER	
Troy School District 4400 Livernois Troy, MI 48098			533892		533892	
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Baker Football to Rochester West - Stay	2609-41210	Oct. 02, 2013	Oct. 02, 2013	<input type="checkbox"/>	2.03	\$48.94	1.00	\$99.35
2	Boulan Football to Hart - Stay	2609-41210	Oct. 03, 2013	Oct. 03, 2013	<input type="checkbox"/>	3.17	\$48.94	1.00	\$155.14
3	Larson Football to VanHoosen - Stay	2609-41210	Oct. 02, 2013	Oct. 02, 2013	<input type="checkbox"/>	3.16	\$48.94	1.00	\$154.65
4	Smith Football to Reuther - Stay	2609-41210	Oct. 02, 2013	Oct. 02, 2013	<input type="checkbox"/>	1.75	\$48.94	1.00	\$85.64

SUB TOTAL: \$494.78
AMOUNT PAID: \$0.00
AMOUNT DUE: \$494.78

R. Mason

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$494.78
AMOUNT PAID:
 INVOICE NUMBER: 2609-002453
 CUSTOMER NUMBER: 533892
 EBRANCH NUMBER: 533892
 LOCATION CODE: 22609
 COMPANY NAME: Middle School Football
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 - 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

DRIVER: C. Parker REG BUS # 39 TRIP BUS # 39

LOAD TIME: 3:05

FROM: BAKER TO ROCHESTER WEST

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 62929
Beginning 62905
TOTAL: 24

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 3:00

RETURN TIME: 4:00

TOTAL Hrs. 1 Min. 0

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C. Parker DRIVER SIGNATURE DATE 10-2-13

COACH / TEACHER COMMENTS: _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE [Signature]

TIME OF RETURN TO BUILDING _____

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

RT
Time
+ 0
2.03

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

DRIVER: F. Dennis 2 REG BUS # 2 TRIP BUS #

LOAD TIME: 3:05 AFTER PM RUN

FROM: ROCHESTER WEST TO BAKER

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 87606
Beginning 87593
TOTAL: 13

FUEL
Beginning Level F
Gallons Added 0

START TIME: 4:35
RETURN TIME: 6:37

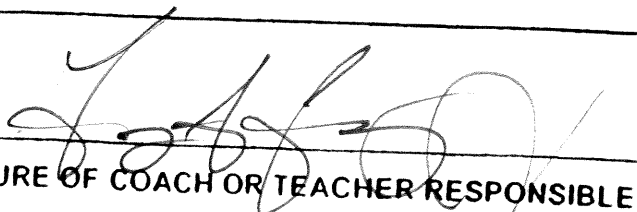
TOTAL
Hrs. _____ Min. _____


INSTRUCTIONS: Return

DRIVER COMMENTS _____

Frances Dennis 10/2/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

* Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # A

2034

203

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: M DOHAMISH S/64 61
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: BOULAN TO HART

TEAM / GROUP Hvy wt FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____
FUEL Beginning Level _____
Gallons Added _____



START TIME: 3:00 TOTAL _____
RETURN TIME: 4:00 Hrs. 1 Min. 10/3/13

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

7:17
3:17
4:00

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/3/13

DRIVER: B Butell

REG BUS # _____
TRIP BUS # 41

LOAD TIME: _____

FROM: HART TO BOULAN

TEAM / GROUP Hvy wt FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 60683
Beginning 60658
TOTAL: 25

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:30

RETURN TIME: 6:40

TOTAL
Hrs. 2 Min. 20

INSTRUCTIONS: RETURN

DRIVER COMMENTS SWEPT FLOOR

Robert Butell 10/8/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

* Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

2.17

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

M. Carpenter

DRIVER: M. Doherty 26 61
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: LARSON TO VAUX HOUSEN

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 909 28
Beginning 907 02
TOTAL: 26

FUEL Beginning Level 4/4
Gallons Added 0

START TIME: ~~2:50~~ 3:10

TOTAL Hrs. 50 Min. 00

RETURN TIME: 4:00

INSTRUCTIONS: Drop

DRIVER COMMENTS

M. Carpenter
DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP #

2.83
3.33
3.16

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

DRIVER: BARTTEL 41 41
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: VAN HOUSEN TO LARSON

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 60590
Beginning 60565
TOTAL: 25

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:30
RETURN TIME: 6:50

TOTAL
Hrs. 2 Min. 20

INSTRUCTIONS: RETURN

DRIVER COMMENTS _____

Robert Barttel 10/2/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

6:25
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

4 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # R

2.35 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

DRIVER: L Crosshewate 37 37
LOAD TIME: 3:05 REG BUS # TRIP BUS #
FROM: SMITH TO: REUTHER
TEAM / GROUP LT WT FOOTBALLS
TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 56125 FUEL Beginning Level 31
Beginning 56118 Gallons Added _____
TOTAL: 7

START TIME: 3:00 TOTAL Hrs. 0 Min. 35
RETURN TIME: 3:35

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 10/2/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] _____
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # _____

*RB
Hme
10/2/13*

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10-2-13

DRIVER: C. Burch 7 7
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM Run

FROM: Reuther TO Smith

TEAM / GROUP Lt Wt Football

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 73,445
Beginning 73,432
TOTAL: 13

FUEL
Beginning Level 7/8
Gallons Added N/A

START TIME: 4:15 PM

RETURN TIME: 6:00 PM

TOTAL
Hrs. 1 Min. 45

INSTRUCTIONS: Return

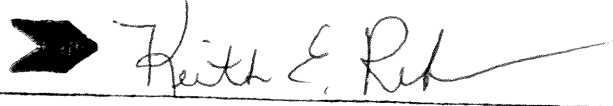
DRIVER COMMENTS



DRIVER SIGNATURE

10/2/2013
DATE

COACH / TEACHER COMMENTS:



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5:42 PM

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

* Reg. Hrs _____
O.T. Hrs _____
Valid Meal Receipt _____
Employee ID # _____

175V

75

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$277.49			2609-002454	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Fine Arts		Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1

BILL TO:			CUSTOMER NUMBER		EBRANCH NUMBER	
Athens HS - Fine Arts 4400 Livernois Troy, MI 48098			533815		533815	
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Band to Lamphere - Drop	2609-41210	Oct. 05, 2013	Oct. 05, 2013		1.89	\$48.94	3.00	\$277.49

SUB TOTAL: \$277.49
AMOUNT PAID: \$0.00
AMOUNT DUE: \$277.49

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$277.49
AMOUNT PAID:
 INVOICE NUMBER: 2609-002454
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Fine Arts
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

SAT

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: C Kiely

20 REG BUS # 4 TRIP BUS #

LOAD TIME: ~~4:00~~ 2:45

FROM: ATHENS TO LAUPHERE HS.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 89
Beginning 121174
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:15

TOTAL

RETURN TIME: 4:15

Hrs. _____ Min. _____

INSTRUCTIONS: Dnep

DRIVER COMMENTS _____

C Kiely
DRIVER SIGNATURE 10-5
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 22

200 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

SAT

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: G URE 121 12
REG BUS # TRIP BUS #

LOAD TIME: 1:00 2:45

FROM: ATHENS TO LAUPHERE HS

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 33897
Beginning 33883
TOTAL: 14

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 2:15

RETURN TIME: 4:10

TOTAL
Hrs. 1 Min. 55

INSTRUCTIONS: BAND

DRIVER COMMENTS

Regina M Ure 10-5-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

ML

[Arrow]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Bonus *

1.92

In Case of Emergency-Please Call in the Order the Names Appearing

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/5/13

DRIVER: S VANSLYKE 104 63
REG BUS # TRIP BUS #

LOAD TIME: 1:00 2:45

FROM: ATHENS TO LANPHERE HS

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84484
Beginning 84479
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:30

TOTAL

RETURN TIME: 4:10


Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

S. Vanslyke 10/5/2013
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 Patrick [Signature]

 _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 21

1.75

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Kemper's Athens HS GRADE/GROUP HS Band
DAY SAT DATE 10/5/13 # OF STUDENTS 125 ADULTS 0
DESTINATION Lanphor HS
ADDRESS 610 W. 13 mile MADISA HS
No Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Competition

EXACT TYPE OF TRANSPORTATION PLANNED 3 Buses w/undercamper

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Equipment Trusses

Depart school Approx 1 pm a.m. p.m. Depart destination Drop Only a.m. p.m.
Arrive destination 1:20 pm a.m. p.m. Arrive school Drop Only a.m. p.m.

Students' supervision during trip by J. McKey + Chaperones

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE J. McKey DATE 9-25-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT COSTS Fine Arts DATE _____

IMPORTANT INSTRUCTIONS:

- 1 All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling
- 2 Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- 3 If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- 4 Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- 5 Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Fine Arts			Oct. 08, 2013	Oct. 08, 2013		N/A	Page 1 of 1
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER	
Troy HS - Fine Arts 4400 Livernois Troy, MI 48098				533809		533809	
				COMMENTS			
				Branch Phone #: (248) 823-4054			

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Band to Harper Woods	2609-41210	Sep. 29, 2013	Sep. 29, 2013		4.95	\$48.94	5.00	\$1,211.26

SUB TOTAL: \$1,211.26
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,211.26



Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,211.26
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002455
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Fine Arts
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

SUN

TRIP SHEET

TRIP DATE: 9/29/13

DRIVER: J LENAWAY 113 4
REG BUS # TRIP BUS #

LOAD TIME: 12:30

FROM: Troy High TO HARPER WOODS H.S.

TEAM / GROUP BAMP

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 120783
Beginning 120718
TOTAL: 65

FUEL
Beginning Level Full
Gallons Added 22

START TIME: 12:00 PM

RETURN TIME: 5:00 PM

TOTAL
Hrs. 5 Min. 00

INSTRUCTIONS: v/c RETURN + 4:30

DRIVER COMMENTS

Jill Lenaway 9/29/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

200/5

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 26

500 ✓

In Case of Emergency-Please Call in the Order the Names Appear **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/29/13

DRIVER: A ALLEN 107 24
REG BUS # TRIP BUS #

LOAD TIME: 12:30

FROM: TROY HIGH TO HARPER WOODS H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 111236
Beginning 111170
TOTAL: 63

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 12:00

TOTAL

RETURN TIME: 4:55

Hrs. 4 Min. 55

INSTRUCTIONS: 1/c RETURN ~ 4:30

DRIVER COMMENTS

[Signature] 9/29/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

4:34 PM
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

200/5

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

4920

TRIP # 28

In Case of Emergency-Please Call in the Order the Names Appear **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/29/13

DRIVER: B BARTLE REG BUS # 41 TRIP BUS # 63

LOAD TIME: 12:30

FROM: TROY HIGH TO HARPER WOODS H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84092
Beginning 84030
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 12:00

RETURN TIME: 5:00


TOTAL
Hrs. 5 Min. 00


INSTRUCTIONS: w/c Return ~ 4:30

DRIVER COMMENTS _____

B Bartle
DRIVER SIGNATURE 9/29/13
DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 200/5

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 27

5.00w
5.00

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/29/13

DRIVER: S. VANSLYKE
J. FAULKNER
REG BUS # 100 TRIP BUS # 627

LOAD TIME: 12:30

FROM: TROY HIGH TO HARPER WOODS HS

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 161456
Beginning 101392
TOTAL: 64

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 12:00

TOTAL

RETURN TIME: 4:30

Hrs. _____ Min. _____

INSTRUCTIONS: w/c RETURN @ 4:30

DRIVER COMMENTS _____

S. Van Slyke
DRIVER SIGNATURE DATE 9/29/2013

COACH / TEACHER COMMENTS: _____

X M. V. Patel
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

4:50
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 200/5

BONUS *

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

483 ✓

483 ✓

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 9/29/13

DRIVER: J LAZAR sub 61
REG BUS # TRIP BUS #

LOAD TIME: 12:30

FROM: Troy High TO HARPER Woods H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 90902
Beginning 90840
TOTAL: 62

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 12:00

RETURN TIME: 5:00

TOTAL
Hrs. 5 Min. _____

INSTRUCTIONS: u/c RETURN ~ 4:30

DRIVER COMMENTS _____

J Lazar 9/29/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

J Lazar
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

0015
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

200/5

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 25

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy High School GRADE/GROUP 9-12/Marching Band
DAY Sunday DATE 9/29/13 # OF STUDENTS 190 ADULTS _____
DESTINATION Harper Woods H.S.
ADDRESS 20225 Beaconsfield St. Harper Woods MI 48225-1395
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Marching Band Invitational

EXACT TYPE OF TRANSPORTATION PLANNED Largest sized under storage buses

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Yes - instruments & equipment

Depart school 12:30 a.m. Depart destination 4 a.m.
p.m. p.m.

Arrive destination 1 a.m. Arrive school 4:30 a.m.
p.m. p.m.

Students' supervision during trip by Mr. Nutting & parent chaperones

Number of trips your group has made this year 1

Where Band Camp

APPLICANT'S SIGNATURE [Signature] DATE 9/19/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9-19-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING:
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE 9/19/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Hamilton Elementary			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533882		533882			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX	QTY.	RATE	UNITS	AMOUNT
1	Hamilton 1st grade to Cooks Dairy Farm	2609-41210	Oct. 09, 2013	Oct. 09, 2013	<input type="checkbox"/>	3.44	\$48.94	2.00	\$336.71

SUB TOTAL: \$336.71
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$336.71

700-017-199-3930-00-5000

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$336.71

AMOUNT PAID:

INVOICE NUMBER: 2609-002456

CUSTOMER NUMBER: 533882

EBRANCH NUMBER: 533882

LOCATION CODE: 22609

COMPANY NAME: Hamilton Elementary

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear **A4**

Dispatcher (CP) 248-321-7040

Gate / Lounge Key Box

Supervisor (CP) 248-840-6993

6293 12345

Sub Dispatch (CP) 248-867-8336

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/9/13

DRIVER: J CASSEL 64
REG BUS # TRIP BUS #

LOAD TIME: 9.45

FROM: HAMILTON TO COOKS DAIRY FARM

TEAM / GROUP 1st

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 111 854
Beginning 111 796
TOTAL: 58

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 9:30

TOTAL
Hrs. 3 Min. 23

RETURN TIME: 12:53

INSTRUCTIONS: RETURN 12:15

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/9/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

8 1/2

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

338

In Case of Emergency-Please Call in the Order the Names Appear A4

Dispatcher (CP) 248-321-7040

Gate / Lounge Key Box

Supervisor (CP) 248-840-6993

6293 12345

Sub Dispatch (CP) 248-867-8336

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/9/13

DRIVER: M CARPENTER REG BUS # 26 TRIP BUS # 10

LOAD TIME: 9:45

FROM: HAMILTON TO COOKS DAIRY FARM

TEAM / GROUP 12

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 100 889

FUEL Beginning Level Full

Beginning 100 832

Gallons Added -

TOTAL: 57

START TIME: 9:30

TOTAL Hrs. 3 Min. 30

RETURN TIME: 1:00

INSTRUCTIONS: RETURN 12:15

DRIVER COMMENTS

M Carpenter
DRIVER SIGNATURE

10-9-13
DATE

COACH / TEACHER COMMENTS:

E. Mayne
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 86/2

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

BE EASE TIDN TDED QUREP EK BY 5/10 114 248-823-4054

TROY SCHOOL DISTRICT

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL W. H. C. School GRADE/GROUP 7th
DAY Wed DATE 9/18/13 # OF STUDENTS 24 ADULTS 2
DESTINATION W. H. C. School
ADDRESS 1000 W. H. C. School No 1000 Street W. H. C. School City W. H. C. School

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes
EDUCATIONAL PURPOSE field trip

EXACT TYPE OF TRANSPORTATION PLANNED 2 buses
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 7:15 a.m. Depart destination 11:30 a.m.
Arrive destination 10:30 a.m. Arrive school 12:15 p.m.

Students' supervision during trip by teacher & parent
Number of trips your group has made this year 1
/here _____

APPLICANT'S SIGNATURE [Signature] DATE _____
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9/18/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL [Signature] DATE 9-16-13

TRANSPORTATION DEPT. COSTS 02 buses DATE 9/18/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.

Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.

- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Hill Elementary			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Hill Elementary 4400 Livernois Troy, MI 48098				533883		533883			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT

1	Hill 4th grade to Macomb Community College	2609-41210	Oct. 11, 2013	Oct. 11, 2013	<input type="checkbox"/>	3.33	\$48.94	1.00	\$162.97
---	--	------------	---------------	---------------	--------------------------	------	---------	------	----------

SUB TOTAL: \$162.97
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$162.97

700-010-199-3930-00-5000



Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$162.97
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002457
 CUSTOMER NUMBER: 533883
 EBRANCH NUMBER: 533883
 LOCATION CODE: 22609
 COMPANY NAME: Hill Elementary
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/11/13

DRIVER: J LENAWEY REG BUS # 17
LOAD TIME: 8:45 TRIP BUS #

FROM: Hill TO MACOMB COMM. COLLEGE

TEAM / GROUP 144

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 79936
Beginning 79902
TOTAL: 34

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 8:45

RETURN TIME: 12:05

TOTAL
Hrs. 3 Min. 20

INSTRUCTIONS: Return 11:20

DRIVER COMMENTS _____

Jill Lenaway 10/11/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

11:50
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

65%

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

700-010-199-3930-00 5000 TROY SCHOOL DISTRICT

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Hill GRADE/GROUP 4th
DAY Friday DATE October 11, 2013 # OF STUDENTS 65 ADULTS 20
DESTINATION Macomb Community College - Greater Detroit Gen + Mineral Show
ADDRESS 14500 E. 12 Mile Rd, Warren MI

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE SCIENCE Curriculum

EXACT TYPE OF TRANSPORTATION PLANNED TSD BUS (CHAPELONES WILL DRIVE THEMSELVES)

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY NONE

Depart school 8:45 a.m. Depart destination 11 a.m.
Arrive destination 9:05 a.m. Arrive school 11:20 a.m.

Students' supervision during trip by Parent Chapelones

Number of trips your group has made this year 0

Where

APPLICANT'S SIGNATURE [Signature] DATE 09-24-13

PRINCIPAL'S APPROVAL [Signature] DATE 9-24-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE []

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S)

TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE

ACCOUNT NUMBER

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS DATE

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office.
3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor.
4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s) and appropriate consideration of the bus driver's participation in or during the activity.

White: Central Office Green: Substitute Office Tan: Transportation Pink: Building Principal Gold: Applicant FORM A 9/03/2003

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$415.99	2609-002458

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Wass Elementary		Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Wass Elementary 4400 Livernois Troy, MI 48098		533890		533890	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Wass 1st grade to Westview Orchard	2609-41210	Oct. 10, 2013	Oct. 10, 2013		4.25	\$48.94	2.00	\$415.99

SUB TOTAL: \$415.99
AMOUNT PAID: \$0.00
AMOUNT DUE: \$415.99

700-014-199-3930-00-5000

R. Adams

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$415.99

AMOUNT PAID:

INVOICE NUMBER: 2609-002458

CUSTOMER NUMBER: 533890

EBRANCH NUMBER: 533890

LOCATION CODE: 22609

COMPANY NAME: Wass Elementary

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
 Supervisor (CP) 248-840-6993
 Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
 6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER J ZALESNY REG BUS # 36 TRIP BUS # 36

LOAD TIME: 9:15

FROM: WASS TO WESTVIEW ORCHARD

TEAM / GROUP 1st

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 65348
 Beginning 65304
 TOTAL: 44

FUEL
 Beginning Level FULL
 Gallons Added _____

START TIME: 9:00

TOTAL

RETURN TIME: 1:15

Hrs. 4 Min. 25

INSTRUCTIONS: RETURN 1:45

DRIVER COMMENTS _____

J. Zalesny
 DRIVER SIGNATURE

10-10-13
 DATE

COACH / TEACHER COMMENTS: _____

[Signature]
 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

98/2

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Page 85 TRIP # 10

4.25 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER T RECCHIA 126 44
REG BUS # TRIP BUS #

LOAD TIME: 9:15

FROM: WASS TO WESTVIEW ORCHARD

TEAM / GROUP 1st

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 58144 Beginning 58100 TOTAL: 44
FUEL Beginning Level Full Gallons Added _____

START TIME: 9:00

TOTAL Hrs. 4 Min. 25

RETURN TIME: 1:15

INSTRUCTIONS: RETURN 1:45

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE 10/10/13

COACH / TEACHER COMMENTS: _____

[Signature] 12:45
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

700.014.199.3930.00 TROY SCHOOL DISTRICT

5000
EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Wass Elementary GRADE/GROUP 1st Grade

DAY Thursday DATE October 10th # OF STUDENTS 77 ADULTS 20

DESTINATION Westview Orchard

ADDRESS 65075 VanDyke (30 mile) Washington Twp, MI 48095
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Science Unit (Plants)

EXACT TYPE OF TRANSPORTATION PLANNED Troy bus (2 - can't figure away to have 1 bus with this amount of students)

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY -

Depart school 9:15 a.m. p.m. Depart destination 1:00 a.m. p.m.

Arrive destination 10:00 a.m. p.m. Arrive school 1:45 a.m. p.m.

Students' supervision during trip by Teachers/Aides/Chaperones

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Kelly Nangle DATE 9-18-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE _____

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

White: Central Office Green: Substitute Office Canary: Transportation Pink: Building Principal Gold: Applicant

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$791.36	2609-002459

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy High School		Oct. 14, 2013	Oct. 14, 2013	Oct. 14, 2013	N/A	Page 1 of 1

BILL TO: Troy School District 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	E BRANCH NUMBER
	533809	533809
	COMMENTS Branch Phone #: (248) 823-4054	

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Food & Culture Class to Eastern Market	2609-41210	Oct. 08, 2013	Oct. 08, 2013	<input type="checkbox"/> <input type="checkbox"/>	5.39	\$48.94	3.00	\$791.36

SUB TOTAL: \$791.36
AMOUNT PAID: \$0.00
AMOUNT DUE: \$791.36

700-070-399-7377-00-5000

(Signature)

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$791.36
AMOUNT PAID:
 INVOICE NUMBER: 2609-002459
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/8/13

DRIVER H WILLIS 105 18
REG BUS # TRIP BUS #

LOAD TIME: 8:20

FROM: TROY HIGH TO EASTERN MARKET

TEAM / GROUP FOODS + CULTURE

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 75274
Beginning 75226
TOTAL: 48

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 8:30

TOTAL

RETURN TIME: 1:45

Hrs. 5 Min. 15

INSTRUCTIONS: may stop at Kroger first
RETURN 1:45

DRIVER COMMENTS _____

H Willis
DRIVER SIGNATURE

10-8-13
DATE

COACH / TEACHER COMMENTS: Crew Remitt

 [Signature]

 _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

145/3

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/8/13

DRIVER: S CHRONOWSKI 6 78 ⁶
REG BUS # TRIP BUS #

LOAD TIME: 8:20

FROM: TRAY HIGH TO EASTERN MKT

TEAM / GROUP: FOODS & CULTURE

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91163
Beginning 91114
TOTAL: 49

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 8:20

TOTAL

RETURN TIME: 1:50

Hrs. 5 Min. 30

INSTRUCTIONS: may stop at Kroger first - LEFT BUS #18
RETURN 1:45

DRIVER COMMENTS: AWESOME GROUP

Shelly
DRIVER SIGNATURE

10-8-13
DATE

COACH / TEACHER COMMENTS: Shelly was wonderful driver!!

➔ Mackenzie Mays
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

➔ _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
145/p

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5301

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/8/13

DRIVER: J FAULKNER 101 63
REG BUS # TRIP BUS #

LOAD TIME: 8:20

FROM: Troy High TO EASTERN MKT

TEAM / GROUP FOODS & CULTURE

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 084543
Beginning 084490
TOTAL: 53

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 8:20

TOTAL

RETURN TIME: 1:45

Hrs. 5 Min. 25

INSTRUCTIONS: may stop at Kroger first
RETURN 1:45

DRIVER COMMENTS _____

Jarvine Faulkner
DRIVER SIGNATURE

10/8/13
DATE

COACH / TEACHER COMMENTS: THANK YOU FOR ANOTHER GREAT TRIP!

Susan Miller Smith



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

5:42

OFFICE USE ONLY:

145/5

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

100 070 344 7377 00 5000

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy High School GRADE/GROUP Food & Culture

DAY Tuesday DATE October 8 # OF STUDENTS 125-140 ADULTS 4-5

DESTINATION Eastern Market

ADDRESS Russel St. Detroit, MI 48207

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR-BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Students explore shopping, pricing comparison & local culture & economy

EXACT TYPE OF TRANSPORTATION PLANNED BUS to Troyer then to Eastern Market

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY None

Depart school 8:20 ^{a.m.}/_{p.m.} Depart destination 1:15 ^{a.m.}/_{p.m.}

Arrive destination 9:00 ^{a.m.}/_{p.m.} Arrive school 1:45 ^{a.m.}/_{p.m.}

Students' supervision during trip by Mackenzie Morris & Cheryl Rosblatt

Number of trips your group has made this year 0

Where _____

APPLICANT'S SIGNATURE Mackenzie Morris DATE 9-4-2013

(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9-4-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE _____

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy High School			Oct 14, 2013	Oct 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Troy School District 4400 Livernois Troy, MI 48098				533809			533809		
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy 10th, 11th 12th students to Baldwin Center	2609-41210	Oct 09, 2013	Oct. 09, 2013	<input type="checkbox"/> <input type="checkbox"/>	4.33	\$48.94	1.00	\$211.91

SUB TOTAL: \$211.91
AMOUNT PAID: \$0.00
AMOUNT DUE: \$211.91

700-070-399-3909-00-5000

D. Allen

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$211.91

AMOUNT PAID:

INVOICE NUMBER: 2609-002460

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy High School

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/9/13

DRIVER: C LOGAN
~~B BARTOZZ~~ REG BUS # 22 TRIP BUS # 22

LOAD TIME: 9:30

FROM: TROY HIGH TO BALDWIN CENTER

TEAM / GROUP _____

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80236
Beginning 80195
TOTAL: _____

FUEL Beginning Level 37 1/2 full
Gallons Added _____

START TIME: 9:15 AM TOTAL _____
RETURN TIME: 1:35 PM Hrs. _____ Min. _____

INSTRUCTIONS: LIFT BUS
RETURN 1:30

DRIVER COMMENTS _____

Charles Logan 10-9-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 1:27 pm
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
15/1 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

4.33 ✓

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy High School GRADE/GROUP 10, 11, 12th
DAY DATE Oct. 9, 2013 # OF STUDENTS 14 ADULTS 1
DESTINATION Baldwin Center
ADDRESS 212 Baldwin Avenue Pontiac
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes - Rebecca Stewart, Volunteer Coordinator
EDUCATIONAL PURPOSE Community participation

EXACT TYPE OF TRANSPORTATION PLANNED Bus w/ wheelchair lift - (Mini Bus)

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY None

Depart school 9:30 a.m. Depart destination 1:00 p.m.
Arrive destination 10:00 a.m. Arrive school 1:30 p.m.

Students' supervision during trip by Terese Libby

Number of trips your group has made this year

Where

APPLICANT'S SIGNATURE [Signature] DATE 10-9-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9-20-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE yes
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Terese Libby
TIME SUB SHOULD ARRIVE TIME SUB SHOULD LEAVE
ACCOUNT NUMBER

CENTRAL OFFICE APPROVAL DATE

TRANSPORTATION DEPT. COSTS 1 bus DATE 2/20/13

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
- 2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- 3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- 4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- 5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
MICI & MOCI			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER			EBRANCH NUMBER		
Troy School District 4400 Livernois Troy, MI 48098				533815			533815		
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens, Larson, Hamilton MICI & MOCI classes to Westview Orchards	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/> <input type="checkbox"/>	4.42	\$48.94	2.00	\$432.63

SUB TOTAL: \$432.63
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$432.63

122-885-271-3941-00-4230

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$432.63
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002461
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: MICI & MOCI
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: J LENAWAY 113
REG BUS # TRIP BUS #

LOAD TIME: 10:00

FROM: LARSON ATHENS HAMILTON TO WESTVIEW ORCHARDS
_{w/ch} _{w/ch}

TEAM / GROUP M.C. M.C.

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 143515
Beginning 143456
TOTAL: _____

FUEL Beginning Level FULL
Gallons Added _____

START TIME: 9:45

RETURN TIME: 2:00

TOTAL Hrs. 4 Min. 15

INSTRUCTIONS: sm. lift bus RETURN 2:00

DRIVER COMMENTS _____

Jill Leng
DRIVER SIGNATURE

10/10/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

66/2

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: L. VANDERZYPPE
M. VANMAELE

118
34
REG BUS # TRIP BUS #

LOAD TIME: 10:00

FROM: LARSON ATHENS HAMILTON TO WESTVIEW ORCHARDS

TEAM / GROUP M.C. Moc.1

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 71301.7
Beginning 71241.6
TOTAL: 60.1

FUEL
Beginning Level 1/2
Gallons Added 1/3 left

START TIME: 9:45

RETURN TIME: 2:20

TOTAL
Hrs. 4 Min. 35

INSTRUCTIONS: Return 2:00

DRIVER COMMENTS

Lisa Vanderzyppe
DRIVER SIGNATURE

10/10/13
DATE

COACH / TEACHER COMMENTS:

Romancheck Katherine
Sara Ann J. Galt
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

2:17
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

66/2

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

458

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Larson, Athens, Hamilton GRADE/GROUP Mad + Mid
DAY Thursday DATE 10/10/13 # OF STUDENTS 45 ADULTS 20
DESTINATION Westview Orchard
ADDRESS 650-75 Van Dyke Washington
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes
EDUCATIONAL PURPOSE life skills

EXACT TYPE OF TRANSPORTATION PLANNED School Bus
OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY 2 wheelchairs

Depart school 10:00 a.m. Depart destination 1:15 p.m.
Arrive destination 11:00 a.m. Arrive school 2:00 p.m.

Students' supervision during trip by Teachers, HCA's, Paras
Number of trips your group has made this year 1

Where Troy Daze

APPLICANT'S SIGNATURE [Signature] DATE 10/1/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 10/1/13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) N/A
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS approx \$440.46 DATE _____

IMPORTANT INSTRUCTIONS:

- 1. All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- 2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- 3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- 4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- 5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$73.41			2609-002462	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Cross Country		Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER			Ebranch NUMBER	
Athens HS - Cross Country 4400 Livernois Troy, MI 48098		533815			533815	
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX	QTY.	RATE	UNITS	AMOUNT
1	Athens Cross Country to Oxford Hills Golf Course - Drop	2609-41210	Oct. 11, 2013	Oct. 11, 2013		1.50	\$48.94	1.00	\$73.41

SUB TOTAL: \$73.41
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$73.41

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$73.41
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002462
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Cross Country
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/11/13

DRIVER: C Parker 39
REG BUS # TRIP BUS #

LOAD TIME: 2:30

FROM: ATHENS TO OXFORD HILLS GOLF COURSE

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 63444
Beginning 63396
TOTAL: 48

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:30

TOTAL

RETURN TIME: 4:00

Hrs. 1 Min. 30


INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C Parker
DRIVER SIGNATURE

10-11-13
DATE

COACH / TEACHER COMMENTS: _____

 _____

 _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:



Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

150 ✓

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$412.08			2609-002463	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Football		Oct 14, 2013	Oct 14, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER		EBRANCH NUMBER	
Athens HS - Football 4400 Livernois Troy, MI 48098		533815		533815	
COMMENTS					
Branch Phone #: (248) 823-4054					

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Fr Football/Cheer to Rochester - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/>	3.17	\$48.94	1.00	\$155.14
2	Athens JV Football/Cheer to Rochester - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/>	5.25	\$48.94	1.00	\$256.94

SUB TOTAL: \$412.08
AMOUNT PAID: \$0.00
AMOUNT DUE: \$412.08

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$412.08
AMOUNT PAID:
 INVOICE NUMBER: 2609-002463
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Football
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear!

A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: L. Formaz 20 20
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: Athens TO Rochester HS.

TEAM / GROUP Fr Football

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ FUEL Beginning Level _____
Beginning _____ Gallons Added _____
TOTAL: _____

START TIME: 3:00 TOTAL _____
RETURN TIME: 3:55 Hrs. _____ Min. 55

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 10-10-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

Rt Time

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: B PUCKETT 34 34
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: ~~ATHENS~~ Rochester TO Athens Rochester H.S.

TEAM / GROUP FR. FOOTBALL & CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 71347
Beginning 71325
TOTAL: 22

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 4:40
RETURN TIME: 7:50

TOTAL
Hrs. 3 Min. 10

INSTRUCTIONS: Stay

DRIVER COMMENTS

Brian A Puckett 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature] 7:30
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

3.17 ✓

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: S VAUSLYKE REG BUS # 62 TRIP BUS # 62

LOAD TIME: 4:30

FROM: ATHENS TO ROCHESTER H.S.

TEAM / GROUP JV FOOTBALL + CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 68873
Beginning 68855
TOTAL: 18

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:30

TOTAL
Hrs. _____ Min. _____

RETURN TIME: 9:45

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

S Vauslyke 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

9:21

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.25

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$162.97			2609-002464	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Soccer		Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1
BILL TO:			CUSTOMER NUMBER		EBRANCH NUMBER	
Athens HS - Soccer 4400 Livernois Troy, MI 48098			533815		533815	
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Boys FR Soccer to Stoney Creek - Drop	2609-41210	Oct. 07, 2013	Oct. 07, 2013	<input type="checkbox"/>	1.58	\$48.94	1.00	\$77.33
2	Athens Boys FR Soccer to Rochester - Drop	2609-41210	Oct. 08, 2013	Oct. 08, 2013	<input type="checkbox"/>	1.00	\$48.94	1.00	\$48.94
3	Athens Boys FR Soccer to Troy -,Drop	2609-41210	Oct. 09, 2013	Oct. 09, 2013	<input type="checkbox"/>	0.75	\$48.94	1.00	\$36.70

SUB TOTAL: \$162.97
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$162.97

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$162.97
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002464
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Soccer
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/7/13

DRIVER: M Carpenter 26 10
REG BUS # TRIP BUS #

LOAD TIME: 3:45

FROM: ATHENS TO STONEY CREEK H.S.

TEAM / GROUP Boys FR SOCCER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 100812 FUEL Beginning Level 3/4
Beginning 100789 Gallons Added -
TOTAL: 23

START TIME: 3:15 Bus had not been pretriped today TOTAL
RETURN TIME: 4:50 Hrs. 1 Min. 35

INSTRUCTIONS: oref

DRIVER COMMENTS

M. Carpenter 10-7-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10-8-13

DRIVER: J. Lennaway REG BUS # _____ TRIP BUS # 56

LOAD TIME: 3:45

FROM: Athens TO Rochester H.S

TEAM / GROUP FR Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 95376
Beginning 95358
TOTAL: 18

FUEL
Beginning Level 3/4
Gallons Added _____

START TIME: 3:30

RETURN TIME: 4:30


TOTAL
Hrs. 1 Min. 00

INSTRUCTIONS: Drop

DRIVER COMMENTS _____


Jill C Lennaway 10/8/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 T. H. [Signature]

 _____

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
 Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

PLEASE RETURN TRIP SHEET IN BY 2:00 PM ON THE FOLLOWING MONDAY

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/9/13

M. Carpenter

DRIVER J. Palmer 26 10
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: ATHENS TO Troy HIGH

TEAM / GROUP Boys FR Soccer

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 100899
Beginning 100889
TOTAL: 10

FUEL
Beginning Level Full
Gallons Added -

START TIME: 3:45

TOTAL
Hrs. 4 Min. 45


RETURN TIME: 4:30


INSTRUCTIONS: Drop

DRIVER COMMENTS

M. Carpenter 10-9-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$81.73			2609-002465	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Swimming		Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1

BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER		
Athens HS - Swimming 4400 Livernois Troy, MI 48098			533815			533815		
COMMENTS								
Branch Phone #: (248) 823-4054								

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Girls Swim to Ferndale - Drop	2609-41210	Oct. 10, 2013	Oct. 10, 2013		1.67	\$48.94	1.00	\$81.73

SUB TOTAL: \$81.73
AMOUNT PAID: \$0.00
AMOUNT DUE: \$81.73

Dear
 Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$81.73
AMOUNT PAID:
 INVOICE NUMBER: 2609-002465
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Swimming
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: C. BURCH 7 7

LOAD TIME: 3/45 4:15 REG BUS # TRIP BUS #

FROM: ATHENS TO PERNOALE H.S.

TEAM / GROUP GIRLS SWIM

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 73,739
Beginning 73,710
TOTAL: 29

FUEL
Beginning Level FULL
Gallons Added N/A

START TIME: 4:15 PM

RETURN TIME: 5:55 PM

TOTAL
Hrs. 1 Min. 40

INSTRUCTIONS: Drop

DRIVER COMMENTS

CJB

DRIVER SIGNATURE

10/10/2013

DATE

COACH / TEACHER COMMENTS:

Nancy Kining

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5:10 PM

TIME OF RETURN TO BUILDING
DROP

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

167 ✓

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Tennis			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Athens HS - Tennis 4400 Livernois Troy, MI 48098				533815		533815			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Boys Tennis to Elworthy Filed - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/>	12.50	\$48.94	1.00	\$611.75

SUB TOTAL: \$611.75
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$611.75

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$611.75

AMOUNT PAID:

INVOICE NUMBER: 2609-002466

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS - Tennis

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: C Kiezy 43
REG BUS # TRIP BUS #

LOAD TIME: 7:00

FROM: ATHENS TO ELWORTHY FIELD

TEAM / GROUP Boys Tennis

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 84712
Beginning 84638
TOTAL: 64

FUEL
Beginning Level
Gallons Added

START TIME: 7:00 AM

TOTAL

RETURN TIME: 7:30

Hrs. 12 Min. 30

INSTRUCTIONS: STAY

DRIVER COMMENTS

[Signature] 10-10
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: Thanks for staying with us all day!

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

7:10 p.m.
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Volleyball			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Athens HS - Volleyball 4400 Livernois Troy, MI 48098				533815		533815			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens FR/JV/V Volleyball to Berkley - Drop	2609-41210	Oct. 08, 2013	Oct. 08, 2013	<input type="checkbox"/> <input type="checkbox"/>	1.75	\$48.94	1.00	\$85.64

SUB TOTAL: \$85.64
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$85.64

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$85.64

AMOUNT PAID:

INVOICE NUMBER: 2609-002467

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS - Volleyball

BRANCH PHONE: (248) 823-4054

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

A4

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/8/13

DRIVER M. Carpenter 26 10
REG BUS # TRIP BUS #

LOAD TIME: 3:45 per Field #2

FROM: ATHENS TO BERKLEY

TEAM / GROUP FR/JUN VOLLEYBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 100 832
Beginning 100 812
TOTAL: 22

FUEL
Beginning Level 1/2
Gallons Added 29

START TIME: 3:15

TOTAL

RETURN TIME: 5:00

hrs. 1 Min. 45

INSTRUCTIONS: DROP

DRIVER COMMENTS Did NOT LEAVE ATHENS UNTILL
4:10

M. Carpenter
DRIVER SIGNATURE

10 8-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$768.37	2609-002468

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Football		Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1

BILL TO: Troy HS - Football 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533910	533809
	COMMENTS	
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy FR Football/Cheer to Clarkston - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/> <input type="checkbox"/>	5.25	\$48.94	1.00	\$256.94
2	Troy JV Football to Clarkston - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/> <input type="checkbox"/>	5.25	\$48.94	1.00	\$256.94
3	Troy JV Cheer to Clarkston - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/> <input type="checkbox"/>	5.20	\$48.94	1.00	\$254.49

SUB TOTAL: \$768.37
AMOUNT PAID: \$0.00

AMOUNT DUE: \$768.37



Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$768.37

AMOUNT PAID:

INVOICE NUMBER: 2609-002468

CUSTOMER NUMBER: 533910

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Football

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: M CARPENTER 26 61
REG BUS # TRIP BUS #

LOAD TIME: 2:30

FROM: Troy High TO CLARKSTON ~~MS~~ M.S.

TEAM / GROUP FR. FOOTBALL + CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91325
Beginning 91279
TOTAL: 46

FUEL Beginning Level Full
Gallons Added _____

START TIME: 2:15
RETURN TIME: 7:30


TOTAL Hrs. 5 Min. 15


INSTRUCTIONS: STAY

DRIVER COMMENTS _____

M. Carpenter 10-10-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 10-10-13
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

DI FACE "HIDRU" THE OFFICE KEY BY 5:00 PM ON THE DAY OF THE TRIP

5.25 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: R BOWERS 16
REG BUS # TRIP BUS #

LOAD TIME: 5:00

FROM: Troy High TO CLARKSTON H.S.

TEAM / GROUP JV FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80481
Beginning 80430
TOTAL: 51

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:45

TOTAL
Hrs. 5 Min. 15

RETURN TIME: 10:00

INSTRUCTIONS: STAY w/c

DRIVER COMMENTS _____

R. Bowers
DRIVER SIGNATURE

10/10/2013
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.25V

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: H CHATEL 33 33
REG BUS # TRIP BUS #

LOAD TIME: 5:00

FROM: TROY HIGH TO CLARKSTON H.S.

TEAM / GROUP JV CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 46298
Beginning 46255
TOTAL: 43

FUEL
Beginning Level F
Gallons Added _____

START TIME: 4:45 pm
RETURN TIME: 9:57

TOTAL
Hrs. 5 Min. 12

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

Heather Chatel 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 9:45
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 14

5.20V

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$128.71	2609-002469

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Tennis		Oct 14, 2013	Oct 14, 2013		N/A	Page 1 of 1

BILL TO: Troy HS - Tennis 4400 Livernois Troy, MI 48098	CUSTOMER NUMBER	EBRANCH NUMBER
	533809	533809
	COMMENTS Branch Phone #: (248) 823-4054	

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Boys Tennis to Grosse Pointe South - Drop	2609-41210	Oct. 10, 2013	Oct. 10, 2013		2.63	\$48.94	1.00	\$128.71

SUB TOTAL: \$128.71
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$128.71

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$128.71

AMOUNT PAID:

INVOICE NUMBER: 2609-002469

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Tennis

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: A ALLEN 107 02
REG BUS # TRIP BUS #

LOAD TIME: 6:45 AM

FROM: Troy High TO GROSSE PTE SOUTH H.S.

TEAM / GROUP Boys TENNIS

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 102243
Beginning 102179
TOTAL: 64

FUEL
Beginning Level 3/4 full
Gallons Added _____

START TIME: 6:15

RETURN TIME: 8:53

TOTAL
Hrs. 2 Min. 38

INSTRUCTIONS: STAY DROP

DRIVER COMMENTS _____

[Signature] 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

2.63 ✓

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Volleyball			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy HS - Volleyball 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Volleyball to Oxford - Drop	2609-41210	Oct. 10, 2013	Oct. 10, 2013		2.17	\$48.94	1.00	\$106.20

SUB TOTAL: \$106.20
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$106.20

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$106.20

AMOUNT PAID:

INVOICE NUMBER: 2609-002470

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Volleyball

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: D. Blasidelle REG BUS # 36 TRIP BUS # 36

LOAD TIME: 3:30

FROM: Troy HS. TO: Oxford

TEAM / GROUP: Volleyball

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 65399
Beginning 65350
TOTAL: 40

FUEL
Beginning Level Full
Gallons Added 0

START TIME: 3:20
RETURN TIME: 5:30

TOTAL
Hrs. 2 Min. 10

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE DATE 10/10/13

COACH / TEACHER COMMENTS:

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

2.17 ✓

INVOICE

Branch Phone #: (248) 823-4054

BRANCH		AMOUNT			INVOICE #	
2609		\$122.35			2609-002471	
ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy High School		Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1

BILL TO:		CUSTOMER NUMBER			Ebranch NUMBER	
Troy School District 4400 Livernois Troy, MI 48098		533809			533809	
COMMENTS						
Branch Phone #: (248) 823-4054						

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX	QTY.	RATE	UNITS	AMOUNT
1	Troy Homecoming Shuttle to Boulan	2609-41210	Oct. 11, 2013	Oct. 11, 2013		1.25	\$48.94	2.00	\$122.35

SUB TOTAL: \$122.35
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$122.35

700-070-399-7002-00-5000

D. Mac

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$122.35
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002471
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/11/13

DRIVER: D CAMERON REG BUS # 4 TRIP BUS # 4

LOAD TIME: 4:00

FROM: Troy High TO: BOULAN

TEAM / GROUP _____

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 121550 Beginning ~~4:15 PM~~ 121549 TOTAL: 15
FUEL Beginning Level Full Gallons Added 1

START TIME: 4:15 PM RETURN TIME: 5:45 PM
TOTAL 30 Hrs. 1 Min. 30

INSTRUCTIONS: u/c BUS SHUTTLE STUDENTS TO BOULAN FOR HOMECOMING PARADE

DRIVER COMMENTS: Had to return to THS to ps cheer

[Signature] DRIVER SIGNATURE 10-11-13 DATE

COACH / TEACHER COMMENTS: _____

[Signature] SIGNATURE OF COACH OR TEACHER RESPONSIBLE [Signature] TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 2 buses Reg. Hrs. _____ O.T. Hrs. _____ Valid Meal Receipt _____ Employee ID # _____

1.50V

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/11/13

DRIVER: C Burch sub 7
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: Troy High TO BOULAN

TEAM / GROUP _____

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 73,792
Beginning 73,780
TOTAL: 12

FUEL
Beginning Level FULL
Gallons Added N/A

START TIME: 4:15 PM
RETURN TIME: 5:15 PM

TOTAL
Hrs. 1 Min. 0


INSTRUCTIONS: SHUTTLE STUDENTS TO BOULAN FOR
HOMECOMING PARADE * U/C BUS *


DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/11/2013
DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
2 buses *
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 21

FORM A

700-670-399-7002 - TROY SCHOOL DISTRICT
00-5000

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy High School GRADE/GROUP 9th-12th grades

DAY Friday DATE October 11, 2013 # OF STUDENTS 200 ADULTS 2

DESTINATION Boulan Park Middle School

ADDRESS * shuttle students to Boulan for Homecoming Parade
No. Street City continuous loop

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes

EDUCATIONAL PURPOSE Homecoming Parade

EXACT TYPE OF TRANSPORTATION PLANNED 2 school buses w/ undercarriage

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY items for parade

Depart school 4:00 a.m. p.m. Depart destination _____ a.m. p.m.

Arrive destination _____ a.m. p.m. Arrive school _____ a.m. p.m.

Students' supervision during trip by club advisors/teachers

Number of trips your group has made this year NA

Where _____

APPLICANT'S SIGNATURE _____ DATE _____
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9-17-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS _____ DATE 10/13

- IMPORTANT INSTRUCTIONS:**
- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
 - Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 - if, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor if substitute was requested, building principal will contact Substitute Office with change.
 - Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 - Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Middle School Basketball			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533900		533900			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Larson Girls Basketball to Boulan	2609-41210	Oct. 07, 2013	Oct. 07, 2013		0.50	\$48.94	1.00	\$24.47

SUB TOTAL: \$24.47
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$24.47

Dasa

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$24.47

AMOUNT PAID:

INVOICE NUMBER: 2609-002472

CUSTOMER NUMBER: 533900

EBRANCH NUMBER: 533900

LOCATION CODE: 22609

COMPANY NAME: Middle School Basketball

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/2/13

DRIVER: M. Dohanish

LOAD TIME: 3:00

REG BUS # _____ TRIP BUS # _____

FROM: LARSON TO BOULAN

TEAM / GROUP GIRLS B' BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:10

TOTAL

RETURN TIME: 3:40

Hrs. _____ Min. _____


INSTRUCTIONS: Drop


DRIVER COMMENTS _____

DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Middle School Football			Oct. 14, 2013	Oct. 14, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533892		533892			
				COMMENTS Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT

1	Baker Football to Hart - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/>	3.83	\$48.94	1.00	\$187.44
2	Boulan Football to West - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/>	2.17	\$48.94	1.00	\$106.20
3	Larson Football to Reuther - Stay	2609-41210	Oct. 10, 2013	Oct. 10, 2013	<input type="checkbox"/>	2.00	\$48.94	1.00	\$97.88
4	Smith Football to VanHoosen - Stay	2609-41210	Oct. 09, 2013	Oct. 09, 2013	<input type="checkbox"/>	3.50	\$48.94	1.00	\$171.29

SUB TOTAL: \$562.81
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$562.81

D. Bar

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$562.81
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002473
 CUSTOMER NUMBER: 533892
 EBRANCH NUMBER: 533892
 LOCATION CODE: 22609
 COMPANY NAME: Middle School Football
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: C PARKER REG BUS # 39 TRIP BUS # 39

LOAD TIME: APPROX 3:00

FROM: HART Baker TO BAKER Hart

TEAM / GROUP HVY WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 63354
Beginning 63324
TOTAL: 30

FUEL
Beginning Level 3/4
Gallons Added 0

START TIME: 3:00

RETURN TIME: 6:50

TOTAL
Hrs. 3 Min. 50

INSTRUCTIONS: RETURN

DRIVER COMMENTS

C Parker
DRIVER SIGNATURE

10-10-13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

6:35
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

383

In Case of Emergency-Please Call in the Order the Names Appear:

A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10-10-13

DRIVER: R. Dumo REG BUS # 53 TRIP BUS # 53

LOAD TIME: 3:00 3:20

FROM: Boulan TO West

TEAM / GROUP Fo

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 105802
Beginning 105783
TOTAL: _____

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 3:30

RETURN TIME: 4:39


TOTAL Hrs. 1 Min. 09


INSTRUCTIONS: Football - Drop /

DRIVER COMMENTS _____

[Signature] 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 _____
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 _____
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

Rt Time

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: J Boon REG BUS # _____ TRIP BUS # _____

LOAD TIME: Return

FROM: West TO Boulton

TEAM / GROUP Football

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:30

TOTAL

RETURN TIME: 6:40

Hrs. 2 Min. 10

INSTRUCTIONS: Return

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10-10-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

2.17
17

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: L. Crosthwaite 37 37
LOAD TIME: 3:00 REG BUS # TRIP BUS #

FROM: LARSON TO REUTHER
TEAM / GROUP HVY WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 56519
Beginning 56513
TOTAL: 6

FUEL
Beginning Level 34
Gallons Added —

START TIME: 3:00
RETURN TIME: 3:20

TOTAL
Hrs. 0 Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS Did this drop during my P.M. run layover

[Signature] 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

—
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

*Doing
RF
Hick*

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/10/13

DRIVER: L CROSTHWAITE 37 37
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: REUTHER TO LARSON

TEAM / GROUP NY WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 56542 Beginning ~~56528~~ 56528 TOTAL: 14
FUEL Beginning Level 3 Gallons Added 4

START TIME: 4:40 RETURN TIME: 6:40 TOTAL Hrs. 2 Min. 00

INSTRUCTIONS: Return

DRIVER COMMENTS Went straight from P.M. Run to Trip

[Signature] 10/10/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] 6:22
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/9/13

DRIVER J. Palmer REG BUS # 61 TRIP BUS # 61

LOAD TIME: 3:05

FROM: SMTH TO VAN HOUSEY

TEAM / GROUP HT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91260.5
Beginning 91234.3
TOTAL: 26.2

FUEL
Beginning Level Full
Gallons Added Full

START TIME: 2:50

TOTAL

RETURN TIME: 4:15

Hrs. 1 Min. 25

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

10-9-13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

4:15
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

142
1208
1111

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/9/13

DRIVER: C Burch 7 7
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: VAN HOZEN TO SMITH

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 73,667
Beginning 73,639
TOTAL: 28

FUEL Beginning Level 3/4
Gallons Added N/A

START TIME: 4:15 PM

TOTAL Hrs. 2 Min. 5

RETURN TIME: 6:20 PM

INSTRUCTIONS: RETURN

DRIVER COMMENTS

DRIVER SIGNATURE

10/9/2013
DATE

COACH / TEACHER COMMENTS:

Keith E. Reh

6:05 PM

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 7

2082

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$181.57	2609-002491

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Athens HS - Volleyball		Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Athens HS - Volleyball 4400 Livernois Troy, MI 48098	533815	533815
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens FR/JV/V Volleyball to Rochester - Drop	2609-41210	Oct. 17, 2013	Oct. 17, 2013	<input type="checkbox"/> <input type="checkbox"/>	1.88	\$48.94	1.00	\$92.01
2	Athens FR/JV/V Volleyball to Rochester Adams - Drop	2609-41210	Oct. 24, 2013	Oct. 24, 2013	<input type="checkbox"/> <input type="checkbox"/>	1.83	\$48.94	1.00	\$89.56

SUB TOTAL: \$181.57
AMOUNT PAID: \$0.00
AMOUNT DUE: \$181.57

D. Man

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$181.57
AMOUNT PAID:
 INVOICE NUMBER: 2609-002491
 CUSTOMER NUMBER: 533815
 EBRANCH NUMBER: 533815
 LOCATION CODE: 22609
 COMPANY NAME: Athens HS - Volleyball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/17/13

DRIVER: A WHALL 42 10
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: ATHENS TO ROCHESTER HIGH

TEAM / GROUP FR JV / V VOLLEYBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 101188
Beginning 101172
TOTAL: 16

FUEL
Beginning Level 3/4
Gallons Added 3/4

START TIME: 4:00

RETURN TIME: 5:53

TOTAL
Hrs. _____ Min. 53

INSTRUCTIONS: drop

DRIVER COMMENTS _____

[Signature] 10/17/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

1.88 ✓
9
1.88

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

THUR

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: C. Parker 7 39
LOAD TIME: ~~4:00~~ 3:45 REG BUS # TRIP BUS #

FROM: ATHENS TO ROCHESTER ADAMS H.S.
TEAM / GROUP FR/IV/V VOLLEYBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 64013 FUEL Beginning Level 34
Beginning 63985 Gallons Added _____
TOTAL: 28

START TIME: 3:05 TOTAL _____
RETURN TIME: 4:55 Hrs. 1 Min. 50

INSTRUCTIONS: DROP

DRIVER COMMENTS _____

C. Parker
DRIVER SIGNATURE 10-24-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

183

25

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Cross Country			Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1		
BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER			
Troy HS - Cross Country 4400 Livernois Troy, MI 48098			533809			533809			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Cross Country to Bloomer Park - Stay	2609-41210	Oct. 17, 2013	Oct. 17, 2013		5.75	\$48.94	3.00	\$844.22

SUB TOTAL: \$844.22
AMOUNT PAID: \$0.00
AMOUNT DUE: \$844.22

R. Asari

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$844.22
AMOUNT PAID:
 INVOICE NUMBER: 2609-002492
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Cross Country
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: **A4**

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/17/13

DRIVER: M CARPENTER 26 61
REG BUS # TRIP BUS #

LOAD TIME: 1:30

FROM: Troy High TO BLOOMER PARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS **05 - ATHLETIC**

MILEAGE: Ending 91452
Beginning 91425
TOTAL: 27

FUEL Beginning Level Full
Gallons Added -

START TIME: 1:15

RETURN TIME: 7:00

TOTAL Hrs. 5 Min. 45

INSTRUCTIONS: STAY

DRIVER COMMENTS

M. Carpenter
DRIVER SIGNATURE

10-17-13
DATE

COACH / TEACHER COMMENTS:

[Signature]

6:50

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.75 ✓

5.75 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

Thurs

TRIP SHEET

TRIP DATE: 10/12/13

DRIVER: B PUCKETT 34 34
REG BUS # TRIP BUS #

LOAD TIME: 1:30

FROM: Troy High TO BLOOMER PARK

TEAM / GROUP x country

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 71696 / 71734
Beginning 71674 / 71710

FUEL Beginning Level Full
Gallons Added 0

TOTAL: 0

START TIME: 1:15

TOTAL

RETURN TIME: 7:00

Hrs. 5 Min. 45 mins

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS

Brian A Puckett
DRIVER SIGNATURE

10-17-13
DATE

COACH / TEACHER COMMENTS:

Phil Spahr

6:50 pm

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

5-752

5-752

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/17/13

DRIVER: F DENNIS 2 REG BUS # 2 TRIP BUS #

LOAD TIME: 1:30

FROM: TROY HIGH TO BLOOMER PARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 88388
Beginning 88365
TOTAL: 23

FUEL
Beginning Level 3/4
Gallons Added 0

START TIME: 1:15

RETURN TIME: 7:00

TOTAL
Hrs. 5 Min. 45

INSTRUCTIONS: STAY

DRIVER COMMENTS

Francis Dennis
DRIVER SIGNATURE

10/17/13
DATE

COACH / TEACHER COMMENTS:

Jason Alexander
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

6:45
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.75 ✓

75

INVOICE

Branch Phone #: (248) 823-4054

BRANCH	AMOUNT	INVOICE #
2609	\$1,396.26	2609-002493

ORDERING CUSTOMER	PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #
Troy HS - Football		Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1

BILL TO:	CUSTOMER NUMBER	EBRANCH NUMBER
Troy HS - Football 4400 Livernois Troy, MI 48098	533910	533809
COMMENTS		
Branch Phone #: (248) 823-4054		

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy V Football to Athens - Stay	2609-41210	Oct. 18, 2013	Oct. 18, 2013	<input type="checkbox"/>	5.75	\$48.94	3.00	\$844.22
2	Troy V Football Cheer to Athens - Stay	2609-41210	Oct. 18, 2013	Oct. 18, 2013	<input type="checkbox"/>	1.50	\$48.94	1.00	\$73.41
3	Troy JV Football to Southfield Lathrup - Stay	2609-41210	Oct. 24, 2013	Oct. 24, 2013	<input type="checkbox"/>	5.50	\$48.94	1.00	\$269.17
4	Troy JV Football Cheer to Southfield Lathrup - Stay	2609-41210	Oct. 24, 2013	Oct. 24, 2013	<input type="checkbox"/>	4.28	\$48.94	1.00	\$209.46

SUB TOTAL: \$1,396.26
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,396.26



Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,396.26

AMOUNT PAID:

INVOICE NUMBER: 2609-002493
 CUSTOMER NUMBER: 533910
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Football
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/18/13

DRIVER D CAMERON 4 4
REG BUS # TRIP BUS #

LOAD TIME: 4:30

FROM: Troy High TO ATHENS

TEAM / GROUP V FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 121943
Beginning 121930
TOTAL: 13

FUEL
Beginning Level full
Gallons Added 0

START TIME: 4:45 pm

TOTAL

RETURN TIME: 10:15 pm

Hrs. 5 Min. 30

INSTRUCTIONS: w/c ~~drop~~ STAY

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

10-18-13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5:50 ✓

5:30

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/18/13

DRIVER: J BOOR
D WEISHAAR 32
S/67

LOAD TIME: 4:30 REG BUS # _____ TRIP BUS # _____

FROM: Troy High TO ATHENS

TEAM / GROUP ✓ FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____ TOTAL: _____
FUEL Beginning Level _____ Gallons Added _____

START TIME: 4:30 TOTAL Hrs. 5 Min. 45
RETURN TIME: 10:15

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS Good trip

[Signature] DRIVER SIGNATURE 10/18/13 DATE

COACH / TEACHER COMMENTS: _____

[Signature] SIGNATURE OF COACH OR TEACHER RESPONSIBLE

10:05 TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.75 ✓
5.75

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/18/13

DRIVER: A ALLEN 107 104
REG BUS # TRIP BUS #

LOAD TIME: 4:30

FROM: TROY HIGH TO ATHENS

TEAM / GROUP EQUIPMENT

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 143 970
Beginning 143 946
TOTAL: 24?

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:15 PM

RETURN TIME: 10:15 PM

TOTAL
Hrs. 6 Min. 00

INSTRUCTIONS: w/c STAY

DRIVER COMMENTS _____

[Signature] 10/18/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

6:00 ✓
[Handwritten marks]

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/18/13

DRIVER: S VANSLYKE

113 REG BUS # 36 TRIP BUS #

LOAD TIME: 5:30

FROM: TRAY HIGH TO ATHENS

TEAM / GROUP CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 65827
Beginning 65821
TOTAL: 6

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:45

RETURN TIME: 6:15

TOTAL
Hrs. 1 1/2 Min. _____

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

S Vanslyke
DRIVER SIGNATURE

10/18
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE _____

TIME OF RETURN TO BUILDING _____

OFFICE USE ONLY:
Bus was requested w/
Football - no show

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

1.50 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10-24-13

DRIVER: A. Allen REG BUS # 58 TRIP BUS # 58

LOAD TIME: 3:15

FROM: Troy TO Southfield Lathrop

TEAM / GROUP: JV Football

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00

TOTAL

RETURN TIME: 5:00

Hrs. _____ Min. _____

INSTRUCTIONS: Drop ~~at~~

DRIVER COMMENTS _____

DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Handwritten calculation:
2.00
+ 3.50

5.50

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: J ZALEWSKI sub 56
REG BUS # TRIP BUS #

LOAD TIME: 4:50 3:15

FROM: Troy High TO SOUTHFIELD-LATHRUP H.S.

TEAM / GROUP JV FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 95637
Beginning 95624
TOTAL: 13

FUEL Beginning Level 7/8 Full
Gallons Added 0

START TIME: 5:00

RETURN TIME: 8:30

TOTAL Hrs. 3 Min. 30

INSTRUCTIONS: STAY - RETURN

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

10/24/13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

8:10
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

BONUS * 3.50

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: C. BURCH 7 7

LOAD TIME: 4:15 PM REG BUS # TRIP BUS #

FROM: TROY H.S. TO SOUTHFIELD - LATHROP

TEAM / GROUP CHSEL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 74,589
Beginning 74,568
TOTAL: 21

FUEL
Beginning Level 2/3
Gallons Added N/A

START TIME: 4:15

RETURN TIME: 5:45

TOTAL
Hrs. 1 Min. 30

INSTRUCTIONS: DOP

DRIVER COMMENTS

[Signature] 10/24/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Arrow]

[Arrow] 4:50 PM

SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Handwritten calculations:
1.50
+ 2.78

4.28

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: A. Allen 107 58
REG BUS # TRIP BUS #

LOAD TIME: 4:30 4:15

FROM: Troy High TO SOUTHFIELD-LATHRUP HS

TEAM / GROUP JV CHEER

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 126955
Beginning 126929
TOTAL: 26

FUEL
Beginning Level 3/4 full
Gallons Added 26

START TIME: 5:45

RETURN TIME: 8:32

TOTAL
Hrs. _____ Min. _____

INSTRUCTIONS: STAY - return

DRIVER COMMENTS _____

[Signature] 10/24/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

BOOKS

278

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Swim			Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy HS - Swim 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls Swim to Lake Orion - Drop	2609-41210	Oct. 24, 2013	Oct. 24, 2013		1.83	\$48.94	1.00	\$89.56

SUB TOTAL: \$89.56
AMOUNT PAID: \$0.00
AMOUNT DUE: \$89.56

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$89.56

AMOUNT PAID:

INVOICE NUMBER: 2609-002494

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Swim

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: D WEISHAAR s/ky 63
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: Troy High TO LAKE ORION HIGH SCHOOL

TEAM / GROUP: GIRLS SWIM

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 85198
Beginning 85159
TOTAL: _____

FUEL
Beginning Level 3/4
Gallons Added 0

START TIME: 3:45

RETURN TIME: 9:40

TOTAL
Hrs. 5 Min. 55

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

D Weishaar 10-24-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

Robert Schmitz
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5:59
TIME OF RETURN TO BUILDING

5.92
Drive - 1.83
wait 4.08

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Swim			Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy HS - Swim 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
				Bill to Troy High Internal Swim Account - Per Mike Jolly CC: Jan Davies					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Girls Swim to Lake Orion - Wait Time	2609-41210	Oct. 24, 2013	Oct. 24, 2013		4.08	\$25.00	1.00	\$102.00

SUB TOTAL: \$102.00
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$102.00

700-070-399-9060-00-5000



Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: **\$102.00**

AMOUNT PAID:

INVOICE NUMBER: 2609-002495

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Swim

BRANCH PHONE: (248) 823-4054

Troy School District
Athletic Transportation Log
To be filled out if you are requesting a return trip.

Date: 10/24/13

School: Troy H.S.

Team: Girls Swim

Coach: Robert Schurig

Pick up Location: Troy H.S.

Start Time: 3:45

Time of Departure: ~~4:10~~ 4:20

Destination: LAKE ORION H.S.

Time of Arrival: 4:50

Wait Time (time waiting for the team)

4 hours and 5 minutes

Time of Departure for home: 8:55

Time of Arrival at home school: 9:25

End Time: 9:40 pm

DESPINA WEISHAAR
Driver's Name

ROBERT SCHURIG
Coach's Name

Despina Weishaar
Driver's Signature

Robert Schurig
Coach's Signature

For office use only:

Total Cost: _____

Cost of Wait Time: _____
(Paid by Team)

Remaining Cost: _____
(Paid by Athletics)

Wait fee.
Bill to Troy High Internal Swim account

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #	
Troy HS - Volleyball			Oct 25, 2013	Oct 25, 2013		N/A	Page 1 of 1	
BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER		
Troy HS - Volleyball 4400 Livernois Troy, MI 48098			533809			533809		
			COMMENTS					
								Branch Phone #: (248) 823-4054

#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Trou FR/JV/V Volleyball to Bloomfield Hills - Drop	2609-41210	Oct. 15, 2013	Oct. 15, 2013	<input type="checkbox"/>	1.17	\$48.94	1.00	\$57.26
2	Troy FR/JV/V Volleyball to Lake Orion - Drop	2609-41210	Oct. 24, 2013	Oct. 24, 2013	<input type="checkbox"/>	2.00	\$48.94	1.00	\$97.88

SUB TOTAL: \$155.14
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$155.14

D. [Signature]

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$155.14
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002496
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy HS - Volleyball
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/15/13

DRIVER: M CARPENTER 26 61
REG BUS # TRIP BUS #

LOAD TIME: 4:00

FROM: TROY HIGH TO BLOOMFIELD HILLS HS

TEAM / GROUP: FR/SV/V VOLLEYBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91377
Beginning 91361
TOTAL: 16

FUEL Beginning Level 2/3
Gallons Added 32

START TIME: 3:30 HAD NOT BEEN Pre trip today
RETURN TIME: 4:40 TOTAL Hrs. 1 Min. 10


INSTRUCTIONS: DROP


DRIVER COMMENTS

M Carpenter
DRIVER SIGNATURE

10-15-13
DATE

COACH / TEACHER COMMENTS:


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
* O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: M. Dohansil
~~D. KATZ~~

5/64
281 REG BUS #
16 TRIP BUS #

LOAD TIME: 3:30

FROM: TROY HIGH TO LAKE ORION H.S.

TEAM / GROUP FR/V/V VOLLEYBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:15

RETURN TIME: 5:15

TOTAL
Hrs. _____ Min. _____


INSTRUCTIONS: Dref


DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/24/13
DATE

COACH / TEACHER COMMENTS: _____


SIGNATURE OF COACH OR TEACHER RESPONSIBLE


TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Middle School Athletics Basketball			Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533893		533893			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Boulan Girls Basketbal to Hart - Drop	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.57	\$48.94	1.00	\$76.84
2	Larson Girls Basketball to Baker - Drop	2609-41210	Oct. 14, 2013	Oct. 14, 2013	<input type="checkbox"/>	0.75	\$48.94	1.00	\$36.70
3	Larson Girls Basketball to VanHoosen - Drop	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.50	\$48.94	1.00	\$73.41
4	Smith Girls Basketball to Rochester West - Drop	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.17	\$48.94	1.00	\$57.26

SUB TOTAL: \$244.21
AMOUNT PAID: \$0.00
AMOUNT DUE: \$244.21

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
22157 Network Place
Chicago, IL 60673-1221
USA

AMOUNT DUE: \$244.21

AMOUNT PAID:

INVOICE NUMBER: 2609-002497

CUSTOMER NUMBER: 533893

EBRANCH NUMBER: 533893

LOCATION CODE: 22609

COMPANY NAME: Middle School Athletics Basket

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: A Hanney sub 34
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: BOULAN TO HART

TEAM / GROUP GIRLS B' BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 71635 Beginning 71609.2 TOTAL: 26
FUEL Beginning Level 1/2 Gallons Added 8

START TIME: 2:30 pm RETURN TIME: 4:04 pm TOTAL Hrs. 1 Min. 34

INSTRUCTIONS: Drop

DRIVER COMMENTS

Cornie Hanney
DRIVER SIGNATURE DATE 10-16-13

COACH / TEACHER COMMENTS:

Kelley R Keating SIGNATURE OF COACH OR TEACHER RESPONSIBLE
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. O.T. Hrs. Valid Meal Receipt Employee ID #

157
159

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/14/13

DRIVER: M DOHANISH 3/ky 61
REG / BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: LARSON TO BAKER

TEAM / GROUP GIRLS BASKETBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____ Beginning _____ TOTAL: _____
FUEL Beginning Level _____ Gallons Added _____



START TIME: 2:45 TOTAL Hrs. _____ Min. _____
RETURN TIME: 3:30

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] 10/14/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: J LAZAR
A. Dehannish sub 61
REG BUS # TRIP BUS #

LOAD TIME: 3:00

FROM: LARSON TO VAN HOOSEN

TEAM / GROUP GIRLS B' BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91405
Beginning 91378
TOTAL: 27

FUEL
Beginning Level full
Gallons Added 0

START TIME: 4:30

RETURN TIME: 4:00



TOTAL
Hrs. 1 Min. 30

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] 10/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

 SIGNATURE OF COACH OR TEACHER RESPONSIBLE  TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

1504

60

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: R Dando REG BUS # 18

LOAD TIME: 3:05

FROM: SMITH P/u Buck TO ROCHESTER WEST

TEAM / GROUP GIRLS B' BALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 426
Beginning 75410
TOTAL: 16

FUEL Beginning Level 3/4
Gallons Added 0

START TIME: 2:50

RETURN TIME: 4:00

TOTAL Hrs. 1 Min. 10

INSTRUCTIONS: Drop

DRIVER COMMENTS

[Signature] 10/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

117 ✓

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Middle School Athletics Football			Oct. 25, 2013	Oct. 25, 2013	Oct. 25, 2013	N/A	Page 1 of 1		
BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098			533892			533892			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT

1	Baker Football to Boulan - Stay	2609-41210	Oct. 23, 2013	Oct. 23, 2013	<input type="checkbox"/>	2.53	\$48.94	1.00	\$123.82
2	Boulan Football to Larson - Stay	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.25	\$48.94	1.00	\$61.18
3	Boulan Football to Baker - Stay	2609-41210	Oct. 24, 2013	Oct. 24, 2013	<input type="checkbox"/>	2.33	\$48.94	1.00	\$114.03
4	Larson Football to Boulan - Stay	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.75	\$48.94	1.00	\$85.64
5	Larson Football to Smith - Stay	2609-41210	Oct. 23, 2013	Oct. 23, 2013	<input type="checkbox"/>	0.65	\$48.94	1.00	\$31.81
6	Baker Football to Smith - Stay	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.33	\$48.94	1.00	\$65.09
7	Smith Football to Baker - Stay	2609-41210	Oct. 16, 2013	Oct. 16, 2013	<input type="checkbox"/>	1.75	\$48.94	1.00	\$85.64
8	Smith Football to Larson - Stay	2609-41210	Oct. 24, 2013	Oct. 24, 2013	<input type="checkbox"/>	1.67	\$48.94	1.00	\$81.73

SUB TOTAL: \$648.94
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$648.94

Please detach this part, and return this portion with your prepayment to:



AMOUNT DUE: \$648.94

AMOUNT PAID:

INVOICE NUMBER: 2609-002498

CUSTOMER NUMBER: 533892

EBRANCH NUMBER: 533892

LOCATION CODE: 22609

COMPANY NAME: Middle School Athletics Footba

BRANCH PHONE: (248) 823-4054

Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/23/13

DRIVER: M. D... s/bv 61
REG BUS # TRIP BUS #

LOAD TIME: 3:05

FROM: BAKER Plu North TO BOULAN

TEAM / GROUP HT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 2:45

TOTAL

RETURN TIME: 3:30

Hrs. _____ Min. 48

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/23/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

* Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

0.75
1.78
2.53

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/23/13

DRIVER: E BENSON 24 61

LOAD TIME: AFTER PM RUN REG BUS # TRIP BUS #

FROM: BOULAN TO BAKER

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91703
Beginning 91693
TOTAL: 10

FUEL
Beginning Level FULL
Gallons Added 0

START TIME: 5:41

TOTAL
Hrs. _____ Min. _____

RETURN TIME: 5:58

INSTRUCTIONS: STAY/RETURN

DRIVER COMMENTS _____

E Benson 10/23/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: C Parker REG BUS # _____ TRIP BUS # 39

LOAD TIME: 3:00

FROM: BOULAN TO LARSON

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 63634
Beginning 63619
TOTAL: 15.

FUEL
Beginning Level F
Gallons Added 0

START TIME: 3:00

TOTAL

RETURN TIME: 3:45

Hrs. _____ Min. 45

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

C Parker
DRIVER SIGNATURE

10-16-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

u/c O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Rt time

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: C PARKER 39 39
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: LARSON TO BOULAN

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 63157
Beginning 63040
TOTAL: 17

FUEL
Beginning Level F
Gallons Added 0

START TIME: 4:45

RETURN TIME: 6:00

TOTAL
Hrs. 1 Min. 15

INSTRUCTIONS: RETURN

DRIVER COMMENTS

Candace Parker
DRIVER SIGNATURE DATE 10-16-13

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

125 ✓
25 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: D. Weishaar

513 REG BUS # 63 TRIP BUS #

LOAD TIME: 3:00

FROM: BOULAN TO BAKER

TEAM / GROUP Hvy wt FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 142
Beginning 85138
TOTAL: 4

FUEL
Beginning Level 3/4
Gallons Added 0

START TIME: 2:40

TOTAL

RETURN TIME: 3:10

Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

D. Weishaar
DRIVER SIGNATURE

10-24-13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

* O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Page 171 TRIP # _____

+1.50
2.33

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: J LENAWAY 113 44
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: BAKER TO BOULAN

TEAM / GROUP Hvy wt FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 11
Beginning 58889
TOTAL: 58900

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 4:20

RETURN TIME: 6:10

TOTAL
Hrs. 1 Min. 50

INSTRUCTIONS: STAY / RETURN

DRIVER COMMENTS _____

Jill Lenaway
DRIVER SIGNATURE

10/24/13
DATE

COACH / TEACHER COMMENTS: _____

Jill Lenaway
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: B. Puckett REG BUS # 34 TRIP BUS # 36

LOAD TIME: 3:00

FROM: LARSON Plu on Side TO BOULDER

TEAM / GROUP HUY WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 102,776
Beginning 102,766
TOTAL: 10

FUEL Beginning Level Full
Gallons Added 0

START TIME: 3:00

RETURN TIME: 3:30

TOTAL Hrs. _____ Min. 30 mins

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

Brian A. Puckett
DRIVER SIGNATURE

10/16/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

326 TO BAMS
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

Rt. time

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

A4

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: B BARTELL REG BUS # 41 TRIP BUS # 41

LOAD TIME: AFTER PM RUN

FROM: BOULAN TO LARSON

TEAM / GROUP: Hvy WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 61359 Beginning 61345
FUEL Beginning Level _____ Gallons Added _____

TOTAL: _____

START TIME: 4:30

TOTAL

RETURN TIME: 6:15

Hrs. _____ Min. _____

INSTRUCTIONS: RETURN

DRIVER COMMENTS: _____

Robert Bartell 10/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs _____
O.T. Hrs _____
Valid Meal Receipt _____
Employee ID # _____
TRIP # 11

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/23/13

DRIVER: J Cassel

LOAD TIME: 3:00 REG BUS # _____ TRIP BUS # _____

FROM: LARSON TO SMITH

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 85115
Beginning 83708
TOTAL: 7

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:00
RETURN TIME: 3:30

TOTAL
Hrs. _____ Min. 20

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/23/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

O.T. Hrs. _____

* Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

Handwritten note: RT
Time

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/23/13

DRIVER: R BOWERS 16 REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: SMITH TO LARSON

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 81125
Beginning 81158
TOTAL: 17

FUEL Beginning Level 7/8
Gallons Added _____

START TIME: 4:45

RETURN TIME: 5:24

TOTAL Hrs. _____ Min. 39

INSTRUCTIONS: STAY/RETURN

DRIVER COMMENTS _____

R. Bowers
DRIVER SIGNATURE

10/23/2013
DATE

COACH / TEACHER COMMENTS: _____

Mary Karl
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5:07
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 17

165 ✓
65

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: S Chromowski REG BUS # 6 TRIP BUS # 6

LOAD TIME: 3:05

FROM: BAKER TO SMITH

TEAM / GROUP Hvy wt FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 91610
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 3:05

TOTAL

RETURN TIME: _____

Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE DATE 10-16-13

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

* O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

*RA
Pence*

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: L CROSTHWAITE 37 37
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: SMITH TO BAKER

TEAM / GROUP HVY WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 56806
Beginning 56794
TOTAL: 12

FUEL Beginning Level 3/8 Tank
Gallons Added

START TIME: 4:40
RETURN TIME: 6:00

TOTAL Hrs. 1 Min. 20

INSTRUCTIONS: RETURN

DRIVER COMMENTS Went straight to trip from P.M. Run

[Signature] 10/16/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5:45
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

133 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: J. LAZAR

S/ by
806
REG BUS # TRIP BUS #

LOAD TIME: 3:05

FROM: SMITH Pla Back TO BAKER

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: _____

TOTAL

RETURN TIME: 17 min

Hrs. _____ Min. _____

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10-16
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____

M/C

O.T. Hrs. _____

Rt Tony

Valid Meal Receipt _____

Employee ID # _____

TRIP # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

2

TRIP SHEET

TRIP DATE: 10/16/13

DRIVER: A WHALL
REG BUS # 42 TRIP BUS # 11

LOAD TIME: AFTER PM RUN

FROM: BAKER TO SMITH

TEAM / GROUP LT WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 101102
Beginning 101094
TOTAL: 9

FUEL
Beginning Level Full
Gallons Added Full

START TIME: 4:00

TOTAL
Hrs. 1 Min. 45

RETURN TIME: 5:45

INSTRUCTIONS: RETURN

DRIVER COMMENTS

Driver Signature

DATE 10/16/13

COACH / TEACHER COMMENTS:

Signature of Coach or Teacher Responsible

TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs.
O.T. Hrs.
Valid Meal Receipt
Employee ID #

1.75

1.75

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: J. Cassel REG BUS # 64
LOAD TIME: 3:05 TRIP BUS #

FROM: SMITH TO LARSON

TEAM / GROUP Hvy WT FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 113245 FUEL Beginning Level _____
Beginning 113239 Gallons Added _____
TOTAL: _____

START TIME: 3:05 TOTAL Hrs. _____ Min. _____
RETURN TIME: 3:30

INSTRUCTIONS: Drop

DRIVER COMMENTS _____

[Signature] DRIVER SIGNATURE 10/24/13 DATE

COACH / TEACHER COMMENTS: _____

~~→~~ SIGNATURE OF COACH OR TEACHER RESPONSIBLE → TIME OF RETURN TO BUILDING

OFFICE USE ONLY: Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # _____

Ad Time

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/24/13

DRIVER: B BARTELL 41 41
REG BUS # TRIP BUS #

LOAD TIME: AFTER PM RUN

FROM: LARSON TO SMITH

TEAM / GROUP Hwy wt FOOTBALL

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 61911
Beginning 61901
TOTAL: 10

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 430
RETURN TIME: 610

TOTAL
Hrs. 1 Min. 40

INSTRUCTIONS: STAY / RETURN

DRIVER COMMENTS _____

[Signature] 10/24/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Wattles Elementary			Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Wattles Elementary 3555 Ellenboro Troy, MI 48083				612137		612137			
				COMMENTS					
				Branch Phone #: (248) 823-4054					
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Wattles KDG to Westview Orchard	2609-41210	Oct. 21, 2013	Oct. 21, 2013	<input type="checkbox"/>	4.25	\$48.94	2.00	\$415.99
2	Wattles 2nd grade to Greenfield Village	2609-41210	Oct. 18, 2013	Oct. 18, 2013	<input type="checkbox"/>	5.50	\$48.94	2.00	\$538.34

SUB TOTAL: \$954.33
AMOUNT PAID: \$0.00
AMOUNT DUE: \$954.33

700-009-199-3930-00-5000

D. Wau

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$954.33
AMOUNT PAID:
 INVOICE NUMBER: 2609-002499
 CUSTOMER NUMBER: 612137
 EBRANCH NUMBER: 612137
 LOCATION CODE: 22609
 COMPANY NAME: Wattles Elementary PTO
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:
et (CP) 248-321-7040
sol (CP) 248-840-6993
spatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345
Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/21/13

DRIVER: PAM O
LOAD TIME: 9:20
FROM: WATTLE'S TO: WESTVIEW ORCHARD
TEAM / GROUP: Kdg
REG BUS # 5/bv TRIP BUS # 7

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 74350 Beginning 74300 TOTAL: 50
FUEL Beginning Level 0 Gallons Added 0

START TIME: 9:05 RETURN TIME: 10:20
INSTRUCTIONS: Return 2:00 TOTAL Hrs. 4 Min. 15

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

10.21.13
DATE

COACH / TEACHER COMMENTS:

S. Canada
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

1:00
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

110/2

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
page 184
Employee ID # _____

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/21/13

DRIVER: J Boon 32
REG BUS # TRIP BUS #

LOAD TIME: 9:20

FROM: WATTLES TO WESTVIEW ORCHARDS

TEAM / GROUP Kdg

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning _____
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 9:05

TOTAL
Hrs. 4 Min. 15

RETURN TIME: 1:20

INSTRUCTIONS: RETURN 2:00

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

10/21/13
DATE

COACH / TEACHER COMMENTS: _____



SIGNATURE OF COACH OR TEACHER RESPONSIBLE _____

1:00
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

110/2

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

425 ✓

0 25

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

HOOL _____ GRADE/GROUP _____

DAY _____ DATE _____ # OF STUDENTS _____ ADULTS _____

DESTINATION _____

ADDRESS _____
No. Street City

110

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION _____

EDUCATIONAL PURPOSE _____

EXACT TYPE OF TRANSPORTATION PLANNED 3 BUSES

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 1:20 a.m. / p.m. Depart destination _____ a.m. / p.m.

Arrive destination 4:50 a.m. / p.m. Arrive school _____ a.m. / p.m.

Students' supervision during trip by _____

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE _____ DATE _____
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER 700 009 199 3930 00 5000

CENTRAL OFFICE APPROVAL _____ DATE 9/11/13

TRANSPORTATION DEPT. COSTS 2 buses DATE 9/23/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/18/13

DRIVER: J ZALESKY 116
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: WATTLES TO GREENFIELD VILLAGE

TEAM / GROUP 2nd

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending _____
Beginning 585 1/3
TOTAL: _____
FUEL
Beginning Level _____
Gallons Added _____

START TIME: 8:30 TOTAL
RETURN TIME: 2:00 Hrs. _____ Min. _____

INSTRUCTIONS: RETURN 1:45

DRIVER COMMENTS _____

Jim Zalesky 10-18-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 115/0
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

5.500

5.500

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/18/13

DRIVER: C LOGAN 125 #17
REG BUS # TRIP BUS #

LOAD TIME: 8:45

FROM: WATTLES TO GREENFIELD VILLAGE

TEAM / GROUP 2nd

TRIP TYPE: 02 EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 80423
Beginning 80355
TOTAL: _____

FUEL
Beginning Level full
Gallons Added full

START TIME: 830 AM

TOTAL

RETURN TIME: ~~8:30~~ 2:00

Hrs. _____ Min. _____

INSTRUCTIONS: RETURN 1:45

DRIVER COMMENTS _____

Cheer Logan
DRIVER SIGNATURE

10-18-13
DATE

COACH / TEACHER COMMENTS: _____

A. Winiarski
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

5:50
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

Charge to: Wattles Field Trip Acct#: 700-001-197-3450-00-5000

FORM A

(check one) Wattles PTO (will provide \$5/student) TROY SCHOOL DISTRICT

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Wattles Elementary GRADE/GROUP 2nd grade

DAY Friday DATE 10-18-13 # OF STUDENTS 90 ADULTS 25

DESTINATION The Greenfield Village

ADDRESS 20900 Oakwood Blvd. Dearborn, MI 48124
No. Street City

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION yes ~ reservation

EDUCATIONAL PURPOSE Social Studies Curriculum

EXACT TYPE OF TRANSPORTATION PLANNED school bus (2)

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY —

Depart school 8:45 a.m. p.m. Depart destination 1:00 a.m. p.m.

Arrive destination 9:30 a.m. p.m. Arrive school 1:45 a.m. p.m.

Students' supervision during trip by teachers and parent chaperones

Number of trips your group has made this year 0

Where —

APPLICANT'S SIGNATURE A. Winiowski DATE 8-27-13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.

AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE

NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____

TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____

ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL 700-009-119-3936 DATE 8/27/13

TRANSPORTATION DEPT. COSTS 0 buses DATE 8/27/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

White: Central Office

Green: Substitute Office

Canary: Transportation

Pink: Building Principal

Gold: Applicant

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Fine Arts			Oct. 25, 2013	Oct. 25, 2013		N/A	Page 1 of 1		
BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER			
Athens HS - Fine Arts 4400 Livernois Troy, MI 48098			533815			533815			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Band to Plymouth	2609-41210	Oct. 19, 2013	Oct. 19, 2013	<input type="checkbox"/>	7.29	\$48.94	3.00	\$1,070.32

SUB TOTAL: \$1,070.32
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,070.32

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,070.32

AMOUNT PAID:

INVOICE NUMBER: 2609-002501

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS - Fine Arts

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/19/13

DRIVER: J CASSEL 64
J FAULKNER 707 64
REG BUS # TRIP BUS #

LOAD TIME: TBD 2:50

FROM: ATHENS TO PLYMOUTH-CAUTION H.S.

TEAM / GROUP

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 112606
Beginning 112519
TOTAL: 87

FUEL
Beginning Level FULL
Gallons Added 33

START TIME: 2:20

TOTAL

RETURN TIME: 9:32

Hrs. 7 Min. 12

INSTRUCTIONS: c/o Return 9:00

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE

10/19/13
DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

135/3

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

7:00

TRIP # 31

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/19/13

DRIVER: G MCGOUGH 28 12
REG BUS # TRIP BUS #

LOAD TIME: IBP 2:50

FROM: ATHENS TO PLYMOUTH-CANTON H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 645
Beginning 33 34560
TOTAL: 85

FUEL Beginning Level 3/4
Gallons Added _____

*had to add 5 QTS OIL
-- still needs more but no more available*

START TIME: 220

RETURN TIME: 940

TOTAL Hrs. 7 Min. 20

INSTRUCTIONS: w/c RETURN 9:00

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE

DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Signature]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

135/3

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

7:33

7:33

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/19/13

DRIVER: M SPATES 57 61
REG BUS # TRIP BUS #

LOAD TIME: IPD 2:50

FROM: ATHENS TO PLYMOUTH-CANTON H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91666
Beginning 91521
TOTAL: _____

FUEL Beginning Level 3/4
Gallons Added 34 gal's

START TIME: 2:20pm

TOTAL

RETURN TIME: ~~2:20~~ 9:40

Hrs. 7 Min. 20

INSTRUCTIONS: w/c RETURN 9:00

DRIVER COMMENTS Bus had not been swept ⁷ and appeared not to be fueled from prior trip.

Muanda H Spates 10/19/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature]

SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

135/3

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

7:33 ✓

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Athens HS GRADE/GROUP HS BAND
DAY Saturday DATE Oct. 19, 2013 # OF STUDENTS 125 ADULTS 10
DESTINATION Plymouth Canton HS
ADDRESS _____
No. _____ Street _____ City _____

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Band Competition

EXACT TYPE OF TRANSPORTATION PLANNED 3 Buses, With Undercarriage

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Trucks, Trailers via Boosters

Depart school TBA a.m. _____ p.m. _____ Depart destination _____ a.m. _____ p.m. _____
Arrive destination _____ a.m. _____ p.m. _____ Arrive school _____ a.m. _____ p.m. _____

Students' supervision during trip by J. Meloy + Chaperons

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE [Signature] DATE 10/3/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS Fine Arts 9 buses DATE 10/19/13

- IMPORTANT INSTRUCTIONS:**
1. All five copies must be received in Central Office at least THREE WEEKS in advance to insure bus scheduling.
 2. Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
 3. If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
 4. Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
 5. Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy High School			Oct. 31, 2013	Oct. 31, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy School District 4400 Livernois Troy, MI 48098				533809		533809			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy AP Env. Science Class to LLoyd Stage Nature Center	2609-41210	Oct. 25, 2013	Oct. 25, 2013		2.83	\$48.94	1.00	\$138.50

SUB TOTAL: \$138.50
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$138.50

101-400-271-3900-00-4230

D. W. W.

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$138.50
 AMOUNT PAID:
 INVOICE NUMBER: 2609-002504
 CUSTOMER NUMBER: 533809
 EBRANCH NUMBER: 533809
 LOCATION CODE: 22609
 COMPANY NAME: Troy High School
 BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/25/13

DRIVER: L VANDERZYPPE 118 118
REG BUS # TRIP BUS #

LOAD TIME: 10:35

FROM: TROY HIGH TO LLOYD STAGE NATURE CTR
TEAM / GROUP _____

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 145085
Beginning 145072
TOTAL: 13

FUEL
Beginning Level almost full
Gallons Added 3/4 left

START TIME: 10:20

RETURN TIME: 1:10


TOTAL
Hrs. 2 Min. 50


INSTRUCTIONS: RETURN 1:00

DRIVER COMMENTS _____

Lisa Vanderzyppe 10/25/13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

 Robert M. [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

 12:55
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 25/1

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

2.83 ✓

2.83

District Agent

TROY SCHOOL DISTRICT

FORM A

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Troy High School GRADE/GROUP AP Env. Science Stuh
DAY Friday DATE October 25, 2013 # OF STUDENTS 24 ADULTS 1
DESTINATION Lloyd Stage Nature Center
ADDRESS Coolidge between Square Lake and South Blvd
No Street City Troy, MI

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Water Quality Studies

EXACT TYPE OF TRANSPORTATION PLANNED Bus

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY _____

Depart school 10:35 a.m. Depart destination 12:50 a.m.
p.m. p.m.

Arrive destination 10:45 a.m. Arrive school 1:00 a.m.
p.m. p.m.

Students' supervision during trip by Mr Zynda

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE Robert M Zynda DATE 9/26/2013
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL [Signature] DATE 9-26-13

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE * 4 hr only
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) Robert Zynda
TIME SUB SHOULD ARRIVE 10:28 TIME SUB SHOULD LEAVE 12:03 B - lunch
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS 1 bus DATE 9/26/13

IMPORTANT INSTRUCTIONS:

- All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Fine Arts			Oct. 31, 2013	Oct. 31, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Athens HS - Fine Arts 4400 Livernois Troy, MI 48098				533815		533815			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Band to Lakeland	2609-41210	Oct. 26, 2013	Oct. 26, 2013		7.67	\$48.94	3.00	\$1,126.11

SUB TOTAL: \$1,126.11
AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,126.11

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,126.11

AMOUNT PAID:

INVOICE NUMBER: 2609-002506

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS - Fine Arts

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear: A4

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/26/13

DRIVER: L FORMAZ 20 62
REG BUS # TRIP BUS #

LOAD TIME: 1:45

FROM: ATHENS TO LAKELAND H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 103586
Beginning 103521
TOTAL: 65

FUEL
Beginning Level _____
Gallons Added _____

START TIME: 1:15
RETURN TIME: 8:55
TOTAL Hrs. 7 Min. 40

INSTRUCTIONS: w/c Return ~ 9:00

DRIVER COMMENTS _____

Linda Formaz 10-26-13
DRIVER SIGNATURE DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 135/3
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

PLEASE TURN TRIP SHEET IN BY 5:00 AM ON THE FOLLOWING MORNING

7.67 ✓
7.47

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/26/13

DRIVER: G MCGOUGH

28 REG BUS # 64 TRIP BUS #

LOAD TIME: 1:45

FROM: ATHENS TO LAKELAND H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 113390
Beginning 113317
TOTAL: _____

FUEL
Beginning Level _____
Gallons Added 25

START TIME: 115
RETURN TIME: 855

TOTAL
Hrs. 7 Min. 40

INSTRUCTIONS: w/c RETURN ~ 9:00

DRIVER COMMENTS _____

G MCGOUGH
DRIVER SIGNATURE _____ DATE _____

COACH / TEACHER COMMENTS: _____

Lucas
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 135/3

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

7.67 ✓
1.67 ✓

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/26/13

DRIVER: S VANSLYKE 100 REG BUS # TRIP BUS #

LOAD TIME: 1:45

FROM: ATHENS TO LAKELAND H.S.

TEAM / GROUP BAND

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 85355
Beginning 85294
TOTAL: 61

FUEL Beginning Level full
Gallons Added _____

START TIME: 1:15

RETURN TIME: 8:55

TOTAL Hrs. _____ Min. _____

INSTRUCTIONS: w/c RETURN ~ 9:00

DRIVER COMMENTS _____

S. Van Slyke
DRIVER SIGNATURE

10/26/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY: 135/3

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

7.67
3.67

EDUCATIONAL TRIP APPROVAL OF A SCHOOL-SPONSORED ACTIVITY OR TRIP
LESS THAN 100 MILES ONE WAY AND USING DISTRICT TRANSPORTATION OR VOLUNTEER DRIVERS

SCHOOL Atticus H.S. GRADE/GROUP HS BAND
DAY Sat. DATE Oct. 26 2013 # OF STUDENTS 125 ADULTS 10
DESTINATION Lakeland H.S.
ADDRESS _____
No _____ Street _____ City _____

FOR TRIPS USING DISTRICT TRANSPORTATION, REQUESTOR IS TO PROVIDE DIRECTIONS AND/OR MAP TO DESTINATION FOR BUS DRIVER AND ATTACH IT TO THIS FORM.

HAS YOUR HOST GRANTED TENTATIVE PERMISSION Yes

EDUCATIONAL PURPOSE Band Competition

EXACT TYPE OF TRANSPORTATION PLANNED 3 Buses, w/tn Undercarriage

OTHER EQUIPMENT TO BE TRANSPORTED, IF ANY Trucks/Trailers, via Boosters

Depart school TBA a.m. _____ p.m. _____ Depart destination _____ a.m. _____ p.m. _____
Arrive destination _____ a.m. _____ p.m. _____ Arrive school _____ a.m. _____ p.m. _____

Students' supervision during trip by J. Nelson & chaperons

Number of trips your group has made this year _____

Where _____

APPLICANT'S SIGNATURE [Signature] DATE 10/3/13
(Signature guarantees responsibility for bus charges)

PRINCIPAL'S APPROVAL _____ DATE _____

MIDDLE SCHOOL AND HIGH SCHOOL: IF SUBSTITUTE IS NEEDED, PLEASE COMPLETE THE FOLLOWING.
AVAILABILITY OF SUBSTITUTE(S) HAS BEEN CONFIRMED BY PRINCIPAL WITH SUBSTITUTE OFFICE
NAME OF TEACHER(S) NEEDING SUBSTITUTE(S) _____
TIME SUB SHOULD ARRIVE _____ TIME SUB SHOULD LEAVE _____
ACCOUNT NUMBER _____

CENTRAL OFFICE APPROVAL _____ DATE _____

TRANSPORTATION DEPT. COSTS Five Arts 3 buses DATE 10/9/13

IMPORTANT INSTRUCTIONS:

- 1 All five copies must be received in Central Office at least **THREE WEEKS** in advance to insure bus scheduling.
- 2 Upon Central Office approval, three copies will be sent to the Transportation Department and, if applicable, one copy will be sent to the Substitute Office. The Transportation Supervisor will send one copy to the building principal and one copy to the applicant two weeks prior to the scheduled date of the trip.
- 3 If, for any reason, bus transportation cannot be scheduled, your building principal will be notified by the Transportation Supervisor. If substitute was requested, building principal will contact Substitute Office with change.
- 4 Weekday trips will be scheduled between 9 a.m. and 2 p.m. or after 4 p.m.
- 5 Applicant is responsible for advance arrangements with the place to be visited including loading, unloading, bus parking area(s), and appropriate consideration of the bus driver's participation in or during the activity.

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Athens HS - Cross Country			Oct. 31, 2013	Oct. 31, 2013		N/A	Page 1 of 1		
BILL TO:			CUSTOMER NUMBER			EBRANCH NUMBER			
Athens HS - Cross Country 4400 Livernois Troy, MI 48098			533815			533815			
COMMENTS									
Branch Phone #: (248) 823-4054									
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Athens Cross Country to Lake St. Clair Metro Park - Stay	2609-41210	Oct. 25, 2013	Oct. 25, 2013	<input type="checkbox"/>	7.25	\$48.94	1.00	\$354.82

SUB TOTAL: \$354.82
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$354.82

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: **\$354.82**

AMOUNT PAID:

INVOICE NUMBER: 2609-002507

CUSTOMER NUMBER: 533815

EBRANCH NUMBER: 533815

LOCATION CODE: 22609

COMPANY NAME: Athens HS - Cross Country

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/25/13

DRIVER: D CAMERON

4 REG BUS # 4 TRIP BUS #

LOAD TIME: 12:00

FROM: ATHENS TO LAKE ST. CLAIR METRO PARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 122746
Beginning 122701
TOTAL: 45

FUEL
Beginning Level full
Gallons Added 6

START TIME: 11:45 AM

RETURN TIME: 7:00 pm

TOTAL
Hrs. 7 Min. 15

INSTRUCTIONS: STAY

DRIVER COMMENTS

[Signature] DRIVER SIGNATURE 10-25-13 DATE

COACH / TEACHER COMMENTS:

[Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

[Arrow]
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

Page 204 TRIP # 32

7.25 ✓
7.25

INVOICE

Branch Phone #: (248) 823-4054

ORDERING CUSTOMER		PURCHASE ORDER	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAY CODE	PAGE #		
Troy HS - Cross Country			Oct. 31, 2013	Oct. 31, 2013		N/A	Page 1 of 1		
BILL TO:				CUSTOMER NUMBER		EBRANCH NUMBER			
Troy HS - Cross Country 4400 Livernois Troy, MI 48098				533809		533809			
				COMMENTS					
						Branch Phone #: (248) 823-4054			
#	DESCRIPTION	ACCOUNT	START DATE	END DATE	TAX 1 2	QTY.	RATE	UNITS	AMOUNT
1	Troy Cross Country to Lake St. Clair MetroPark	2609-41210	Oct. 25, 2013	Oct. 25, 2013	<input type="checkbox"/>	7.53	\$48.94	3.00	\$1,105.55

SUB TOTAL: \$1,105.55
 AMOUNT PAID: \$0.00
AMOUNT DUE: \$1,105.55

D. War

Please detach this part, and return this portion with your prepayment to:



Remit To : First Student Inc.
 22157 Network Place
 Chicago, IL 60673-1221
 USA

AMOUNT DUE: \$1,105.55

AMOUNT PAID:

INVOICE NUMBER: 2609-002508

CUSTOMER NUMBER: 533809

EBRANCH NUMBER: 533809

LOCATION CODE: 22609

COMPANY NAME: Troy HS - Cross Country

BRANCH PHONE: (248) 823-4054

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/25/13

DRIVER: D BLAISDELL sub
REG BUS # _____ TRIP BUS # _____

LOAD TIME: 12:00

FROM: TROY HIGH TO LAKE ST CLAIR METROPARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 127007
Beginning 126955
TOTAL: 52

FUEL
Beginning Level FULL
Gallons Added 0

START TIME: 11:30

RETURN TIME: 7:25

TOTAL
Hrs. 7 Min. 55

INSTRUCTIONS: STAY

DRIVER COMMENTS _____

[Signature]
DRIVER SIGNATURE 10/25/13
DATE

COACH / TEACHER COMMENTS: _____

[Signature] [Signature]
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:
Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

7.92 ✓
7.92

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/25/13

DRIVER: C Burch
B PUCKETT
LOAD TIME: 12:00
REG BUS # 67 TRIP BUS # 7

FROM: Troy High TO LAKE ST CLAIR METROPARK
TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 74,675
Beginning 74,621
TOTAL: 54

FUEL
Beginning Level FULL
Gallons Added N/A

START TIME: 11:45 AM
RETURN TIME: 7:10 PM
TOTAL
Hrs. 7 Min. 25

INSTRUCTIONS: STAY

DRIVER COMMENTS

[Signature]
DRIVER SIGNATURE
10/25/2013
DATE

COACH / TEACHER COMMENTS:

[Signature] 6:50 PM
SIGNATURE OF COACH OR TEACHER RESPONSIBLE TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

Reg. Hrs. _____
O.T. Hrs. _____
Valid Meal Receipt _____
Employee ID # _____

TRIP # 33

7.42 ✓

7.42

In Case of Emergency-Please Call in the Order the Names Appear:

Dispatcher (CP) 248-321-7040
Supervisor (CP) 248-840-6993
Sub Dispatch (CP) 248-867-8336

Gate / Lounge Key Box
6293 12345

Transportation Dept 248-823-4054

TRIP SHEET

TRIP DATE: 10/25/13

DRIVER: M CARPENTER 26 61
REG BUS # TRIP BUS #

LOAD TIME: 12:00

FROM: TROY HIGH TO LAKE ST. CLAIR METROPARK

TEAM / GROUP X COUNTRY

TRIP TYPE: 02 - EDUC 03 - PARKS & REC 04 - FINE ARTS 05 - ATHLETIC

MILEAGE: Ending 91803
Beginning 91752
TOTAL: 51

FUEL
Beginning Level 2/3
Gallons Added 25

START TIME: 11:45

RETURN TIME: 7:00

TOTAL
Hrs. 7 Min. 15

INSTRUCTIONS: STAY

DRIVER COMMENTS

M. Carpenter
DRIVER SIGNATURE

10-25-13
DATE

COACH / TEACHER COMMENTS:

Phil Steel
SIGNATURE OF COACH OR TEACHER RESPONSIBLE

7:25
TIME OF RETURN TO BUILDING

OFFICE USE ONLY:

3 buses

Reg. Hrs. _____

O.T. Hrs. _____

Valid Meal Receipt _____

Employee ID # _____

TRIP # 34

7:25 ✓

7:25



Purchasing Department
Facility Operations

RFP 9769

RE: Pupil Transportation Services

ADDENDUM # 5 – February 3, 2014
--

The Bidding Documents are modified, supplemented or augmented as follows, and this Addendum is hereby made a part of the proposed Contract Documents.

Question #1

Page 4, item # 2.42. Indicates the Contractor shall be responsible for all maintenance, grounds, operating costs, utilities, janitorial, and non-capital expenditures reasonably required by any such facility. Is this the current practice in place with the existing contractor or is this a change? Can you please specify the annual costs associated with these items so we can budget appropriately?

Answer #1

The existing contractor is responsible for all maintenance, grounds, operating costs, janitorial, and non-capital expenditures reasonably required by any such facility and this will not change. The District does not track the annual expense associated with these items.

Question #2

Page 5, item # 2.6. Can you summarize the current practice for assigning bus discipline and misconduct reports. Does the transportation contractor employees investigate and determine student discipline or is this handled by school administration? Are misconduct forms completed by drivers and turned in directly to schools or are they given to bus company management and then faxed?

Answer #2

The Transportation Department will continue the process of discipline being handled by both the transportation employees and the contractor. It is always discussed between both contractor and forms are filled out by the driver and turned into the appropriate school.

Question #3

Page 9, first bullet. Please provide the average trip hours per trip associated with field trips and afterschool athletic trips. Please confirm if the trips remain in the transportation budget or if they are passed along to the other departments.

Answer #3

Average trip hours associated with field trips and afterschool athletic trips are variable and always changing; see Addendum 3, attachment A3.

Question #4

Please share everything that you may have regarding the trip volume. Helpful information could be that you provide a spreadsheet with a detailed summary of the number of field trips and athletic trips operated, the number of hours for each trip, the number of miles for each trip, and the charge to the department using the service. Please provide for the previous school year and the service year to date if that are reductions anticipated.

Answer #4

See Addendum 3 and 4, attachment A3 and A4.

Question #5

Page 9, first bullet. We would also like to understand the conflicting trip volume. Understanding that the district has a multi-tier bus schedule this causes afterschool athletic trips to be operated at times that conflict with the afternoon routes which necessitates additional buses and drivers to be on hand to cover for these trips. If you were able to provide the trip data in MS excel noting the trip date, times, group, etc. we would be able to sort and identify your typical demand. This will allow us to ensure we provide sufficient staffing to meet your needs?

Answer #5

N/A

Question #6

Page 9, first bullet. Can you provide a briefing on your practices for the athletic trips. Many districts have moved to drop offs only, or drop offs for nearby destinations, no weekend trips, etc.?

Answer #6

The Transportation Department currently operates and will continue to operate many athletic trips that are ‘drop offs only’, ‘drop offs for nearby destinations’ and ‘weekend trips’.

Question #7

Page 9, item 4.2 Buses. Indicates the district maintains 74 buses for the 54 daily routes. This amounts to 37% spare ratio. The industry averages are typically around 10-20%. What is the reason for carrying such high spare factor? Will you be reducing the fleet size as attrition happens with buses? Will you consider reducing the fleet in the future as an additional cost saving opportunity?

Answer #7

The Transportation Department currently operates and maintains 74 buses to operate 54 daily routes with the additional capacity assisting with scheduled field trips and yes, the Transportation Department is open to cost saving opportunity at all levels of operation.

Question #8

Page 9, item 4.2. Other Transportation Vehicle. Is this a service vehicle available for the contractor's use to support the transportation system to address road calls, etc ?

Answer #8

Transportation Department currently has one service vehicle and this service vehicle will continue to be available for the contractor's use to support the transportation system.

Question #9

Page 10, item 4.3. Who provides the phones, phone system, phone lines, and phone service? Is this provided by district?

Answer #9

The contractor will continue to provide the Transportation Departments phone system.

Question #10

Page 10, item 5.2. Will there be an opportunity made so contractors can come and complete a cursory inspection of the fleet with their mechanics and be able to tour the shop facilities, etc.? At the pre-bid meeting or another time? Such as after the morning routes in the middle part of the day? This may take up to about 3 hours. We would prefer to complete this during the day during the week. We will need to arrange to have the mechanics on site and we want to plan accordingly.

Answer #10

See Addendum # 1.

Question #11

Page 10, item 5.3. Would you consider postponing the RFP due date allowing two weeks from when all of the information requested is made available? This will allow more time for us to prepare a comprehensive proposal? In addition the question due date of 2/3 allows little time for you to respond and allow contractors to react to the information before finalizing the proposal.

Answer #11

Transportation Department will not consider postponing the RFP due date.

Question #12

Page 15, Proposal Form. Can you please clarify the “base” amount of hours per route are associated with each of the route items on the proposal form. Typically they include the payroll time of the driver, gate to gate from the district facility including time for pre and post trip. They may be set to a minimum hours per day. As an example for AM/PM run it may be four hours per day. Also, specify an excess hours charge in the event that additional time is needed beyond the “base” amount of hours.

Answer #12

N/A

Question #13

Page 19, Attachment A. We use a cost per bus coupled with annual mileage calculation for parts and supplies for bus maintenance. In order for us to prepare our maintenance costs in the pro forma budget for your district we will need specifics as to your plan for replacing buses. Typically in transportation contracts this could be calculated by a maximum bus age and could be coupled with an average bus age. Can you provide details as to your plan for replacing buses in the future? It could be a response where you note a specific replacement plan updating the list in attachment A to note what school year the buses will be replaced or a maximum/average age calculation. This way we can set a baseline in our pro forma and the contract for your district?

Answer #13

See Addendum # 2, A1 and A2.

Question #14

Page 19, Attachment A. Can you please specify which of the buses have air conditioning?

Answer #14

See Addendum # 1, schedule 4107.

Question #15

Page 22, Attachment C, D, E, F. Can you provide the driver report, pre-trip, leave garage, return to garage, time for all of the routes? Can you provide the mid-days and shuttles along with the driver report, pre-trip ,leave garage, return to garage, time for these routes? Can you note which routes AM, mid-day, and PM have bus monitors?

Answer #15

See Addendum 3 and 4, attachment A3 and A4.

Question #16

Does the district provide any shop equipment as part of the facility?

Answer #16

The Transportation Department provides basic shop equipment as part of the facility and operations.

Question #17

Can you explain the system used for cold starting? Do you have and utilize electric engine block heaters or do you have after-market vehicle engine pre-heating systems such as Webasto, Pro-heat, or Esbar?

Answer #17

The Transportation Department currently cold start the routed buses at approximately 4 am and utilizes the Esbar after-market vehicle engine pre-heating systems.

Question #18

What is the current full-time operations and part-time support staffing provided by the contractor beyond the drivers and bus monitors?

Answer #18

N/A

Question #19

Given that the wages and benefits of the full-time operations, full-time maintenance and part-time bus drivers and bus monitors have a significant impact the level of service you may receive from a contractor, why would you not request this information as part of the proposals submitted? This is a key item you should request of the proposers.

Answer #19

The School District currently has all transportation services under contract with an outside vendor and level of services have never been reduced nor had any significant impact on the Transportation Departments overall operations.

Question #20

Can you provide the wages and salaries of the current full-time operations and part-time support staffing provided by the contractor beyond the drivers and bus monitors? Also, copy of the current labor agreement in place for the transportation employees serving the district through the contractor please provide pertinent details regarding the workgroup such as wage scale, etc. seniority and current pay rate (or numbers of employees at each pay step) for the current transportation contractor employees.

Answer #20

N/A

Question #21

What is the budget for the Transportation Department in the current year and in the past year?

Answer #21

The budget for the Transportation Department in the current school year is \$3,450,286. The budget for the last school year, 2012-2013 was \$3,472,098.

Question #22

What is the budget for the athletic transportation in the current year and the in past year?

Answer #22

The budget for the athletic transportation in the current school year is \$86,718. The budget for the last school year, 2012-2013 was \$86,718.

Question #23

What is the budget for the field trips transportation in the current year and in the past year?

Answer #23

The budget for the field trips transportation in the current school year is \$20,800. The budget for the last school year, 2012-2013 was \$20,800.

Question #24

How long has the current transportation contractor been in the District and is the District happy with the service they have provided for the duration of the contract? Also, is the District happy with the service they have provided lately, even with the cold weather?

Answer #24

The current transportation contractor been in the District for five years and has provide good service through the duration of their contract.

Question #25

Could you please provide a copy of the current contract with First Student?

Answer #25

See Addendum # 2, A1 and A2.

Question #26

Did First Student hire most of the District's drivers at the outset of the contract?

Answer #26

First Student did hire most of the District's drivers at the outset of the contract.

Question #27

Does First Student employ all drivers and mechanics and operations and training staff currently and does the District have an opinion as to whether any new contractor offers employment to the current First Student staff?

Answer #27

First Student currently employees all drivers, mechanics, operations and training staff and the District does not have an opinion, at this time, as to whether any new contractor offers employment to the current First Student staff.

Question #28

Can the District provide details of the current compensation package being paid to all existing transportation employees?

Answer #28

N/A

Question #29

Is the current First Student terminal manager a First Student employee and is he the District liaison too or does the District have a person in that role now?

Answer #29

Current, the terminal manager for First Student is an employee of First Student and is a liaison to the District, as well as, the District will continue to employ a transportation liaison.

Question #30

The District currently owns 74 vehicles and operates 54 routes. Are all the 20 spares in use or are some taken out of service?

Answer #30

See Answer #7 above.

Question #31

Does the District have a plan for replacing the current older vehicles?

Answer #31

The District currently has a plan for replacing some of the current older vehicles.

Question #32

Does First Student operate any of their own buses currently?

Answer #32

Currently, First Student does not operate any of their own buses for the District.

Question #33

Will there be a requirement for the contractor to own buses during the term of this agreement?

Answer #33

At this time, the contractor will not own buses during the term of any transportation agreement.

**Troy School District
RFP 9769 Pupil Transportation Services
Tabulation**

Durham School Services

First Student, Inc

Specification	<u>Optional Years</u>					<u>Optional Years</u>				
	2014/15	2015/16	2016/17	2017/18	2018/19	2014/15	2015/16	2016/17	2017/18	2018/19
General Education Transportation	\$ 204.69	\$ 209.81	\$ 215.06	\$ 220.44	\$ 225.95	\$ 210.44	\$ 215.70	\$ 221.09	\$ 226.62	\$ 232.29
Special Education Transportation	\$ 244.76	\$ 250.88	\$ 257.15	\$ 263.58	\$ 270.17	\$ 251.64	\$ 257.93	\$ 264.38	\$ 270.99	\$ 277.76
Midday and Shuttles Transportation	\$ 25.30/per hr	\$ 25.93/per hr	\$ 26.58/per hr	\$ 27.24/per hr	\$ 27.92/per hr	\$ 47.94	\$ 49.14	\$ 50.37	\$ 51.63	\$ 52.92
						*Shuttles \$ 70.68	\$ 72.45	\$ 74.26	\$ 76.12	\$ 78.02
Full Year and Summer Transportation	\$ 244.76	\$ 250.88	\$ 257.15	\$ 263.58	\$ 270.17	\$ 210.44	\$ 215.70	\$ 221.09	\$ 226.62	\$ 232.29
						*Special Eduction \$ 251.64	\$ 257.93	\$ 264.38	\$ 270.99	\$ 277.76
Vocational Education Transportation	\$ 25.30/per hr	\$ 25.93/per hr	\$ 26.58/per hr	\$ 27.24/per hr	\$ 27.92/per hr	\$ 47.94	\$ 49.14	\$ 50.37	\$ 51.63	\$ 52.92
						* Monitors \$ 26.73/per hr	\$ 27.40/per hr	\$ 28.09/per hr	\$ 28.79/per hr	\$ 29.51/per hr
Athletic Routes	Per Hour \$ 37.50	\$ 38.44	\$ 39.40	\$ 40.39	\$ 41.40	\$ 50.16	\$ 51.41	\$ 52.70	\$ 54.02	\$ 55.37
	Per Mile n/a	n/a	n/a	n/a	n/a	-----	-----	-----	-----	-----
	Minimum \$ 75.00	\$ 76.88	\$ 78.80	\$ 80.78	\$ 82.80	1 HR	1 HR	1 HR	1 HR	1 HR
Extra-Curricular	Per Hour \$ 37.50	\$ 38.44	\$ 39.40	\$ 40.39	\$ 41.40	\$ 50.16	\$ 51.41	\$ 52.70	\$ 54.02	\$ 55.37
	Per Mile n/a	n/a	n/a	n/a	n/a	-----	-----	-----	-----	-----
	Minimum \$ 75.00	\$ 76.88	\$ 78.80	\$ 80.78	\$ 82.80	1 HR	1 HR	1 HR	1 HR	1 HR
Field Trips	Per Hour \$ 37.50	\$ 38.44	\$ 39.40	\$ 40.39	\$ 41.40	\$ 50.16	\$ 51.41	\$ 52.70	\$ 54.02	\$ 55.37
	Per Mile n/a	n/a	n/a	n/a	n/a	-----	-----	-----	-----	-----
	Minimum \$ 75.00	\$ 76.88	\$ 78.80	\$ 80.78	\$ 82.80	1 HR	1 HR	1 HR	1 HR	1 HR
*Monitor (4 hrs min)	\$ 25.30/per hr	\$ 25.93/per hr	\$ 26.58/per hr	\$ 27.24/per hr	\$ 27.92/per hr					