

**FIELD TRIP/SPORTS /VAN
TRANSPORTATION REQUEST
Rockford Bus Service
Rockford, MN 55373**

NOTE: Transportation Requests **must** be in the Transportation Office **2 WEEKS** prior to date of departure to ensure proper services. Use a **separate** request for **each** vehicle requested.

Date of Request: _____

Transportation Needs: (circle) BUS LIFT BUS VAN BUS W/TRAILER

Date Transportation Needed: _____
Day Month/Date/Year

Name of Team/Group: _____

Destination (specific): _____

Time of Departure: _____ A.M./ PM

Loading Location: _____

Est. Arrival Time at Destination: _____ Departure from Destination: _____

ETA –Rockford _____ Number to be Transported: _____

Teacher/Coach Responsible: _____ Phone: _____

Special Instructions: _____

APPROVED BY: _____ Date: _____
Principal or Head of Department

TRANSPORTATION OFFICE USE ONLY

Driver: _____ Trip # _____ Bus # _____

End Odometer Reading: _____ Drivers Time; End of Trip _____

Begin Odometer Reading: _____ Drivers Time; Begin. Of Trip: _____

Actual Trip Mileage: _____ Driver's Time; TOTAL: _____

CHARGES:

1. Hour Charge: _____

2. Mileage Charge: _____

3. Misc. Charges: _____

4. Trip Total: _____