

TRANSPORTATION REQUEST

South Whidbey School District #206
 PO Box 346, Langley, WA 98260
 (360) 221-5209 - FAX (360) 221-8464

Date of Trip _____ School _____

Destination _____ Purpose of Trip _____

BUS ARRIVE TIME AT SCHOOL: _____ FERRY _____
 GIVE ADEQUATE LOAD TIME FOR PASSENGERS AND EQUIPMENT!

RETURN TIME - SCHOOL: _____ RETURN FERRY _____

APPROXIMATE STANDBY TIME: _____ # OF PASSENGERS _____
 COMPLETE STANDBY TIME IF WEEKEND TRIP PS/IS - 78 PAX MAX - MS/HS - 52 PAX MAX - SUBTRACT 1 PAX FOR EACH ADULT LARGER BUSES AVAILABLE, BUT NOT GUARANTEED!

EQUIPMENT STORAGE LARGEST BUS AVAILABLE MULTIPLE STOPS/DESTINATIONS VAN TRIP 7 PAX OR LESS

SPECIAL INSTRUCTIONS _____

Person in Charge _____ Phone Number _____
 Approved by (Principal) _____ Arranged by _____ Date _____
 Transportation _____ Date Received _____

To be completed by Transportation Supervisor

TIME CARD

DRIVER ASSIGNED _____

DRIVER _____

BUS # _____ SIGN ON TIME _____

SIGN ON TIME _____ RETURN TIME _____

A B C ASSIGNED

TOTAL DRIVE TIME _____ STANDBY TIME _____

A BID B

END MILES _____ CALLS MADE

START MILES _____ CELL PHONE NUMBER _____

TOTAL MILES _____

COMMENTS

To be completed by Payroll Officer

Account Code _____
 Extra Trip Driving Time _____
 Non-Driving Time _____
TOTAL TIME _____

CONDITION OF BUS

Before Trip _____ After Trip _____