Mathews Local Schools
Transportation Request

Teacher/Advisor_____Grade(s)_____

DATE OF TRIP: _____ TIME: FROM _____A.M./P.M. TO_____A.M./P.M.
(CIRCLE) (CIRCLE)

PURPOSE OF TRIP:_____

DESTINATION: _____ LUNCH_____

NUMBER OF BUSES REQUESTED:_____ NUMBER OF STUDENTS:____ NUMBER OF SPONS0RS_____

NAME OF DRIVER ASSIGNED_____ SIGNATURE _____
(TEACHER/COACH)

TRIP # _____

APPROVED_____
HOURS_____ (PRINCIPAL/A.D.)

APPROVED_____
(SUPERINTENDENT)

NOTICE TO DRIVER: PLEASE FILL OUT AND RETURN TO THE TRANSPORTATION COORDINATOR

BUS # _____ ODOMETER READING (TRIP BEGINS)_____ ODOMETER READING (TRIP ENDS)_____

Transportation Department Only

Please fill in the bus # and odometer reading above in addition to the following information:

_____ A.M./P.M. = Starting Time Bus # _____

_____ A.M./P.M. = Ending Time Total Miles _____

Central Office Use Only

_____ Hours Total Actual Trip Time

_____ Hours @ Regular Rate of $12.87 $_____

_____ Hours @ Overtime Rate of $19.31 $_____

Total Gross Pay = $_____

_____

Driver's Signature Date

_____

Supervisor's Signature Date