

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

Date trip was approved _____ By whom _____

Destination _____ Address _____ Phone _____

- Out-of-State
- Out-of-County
- Within-County
- Overnight (*Give name, address, phone # of lodging*) _____

Date(s) of Trip _____ Departure Time _____ Return Time _____

Number of Students _____ Faculty Sponsors _____ Chaperones _____ Total # of Participants _____

LIST CHAPERONES: _____

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

Charge trip expenses to:

- Sponsoring organization School council Board/District
- Other (*specify*) _____

Mode of Transportation (*CHECK ONE*):

- District-owned school bus; number needed _____
- District-owned vehicle, other than bus; specify _____
- Private vehicle, if allowed by policy, specify driver(s) _____
- Certificated common carrier; specify _____
- Check here if luggage, equipment, projects, etc., will be transported. (*Specify*) _____

Faculty Sponsor's Signature

Date

Bus Number(s) _____ Driver(s) Name(s) _____	
Estimated Expenses: Driver(s) \$ _____ Fuel \$ _____ Mileage \$ _____	
Meals, if applicable \$ _____ Lodging, if applicable \$ _____	
Actual Expenses: Driver (s) \$ _____ Fuel \$ _____ Mileage \$ _____	
Meals, if applicable \$ _____ Lodging, if applicable \$ _____	
Driving Time _____ Layover Time _____ Actual Miles _____	
_____ <i>Transportation Supervisor's Signature</i>	_____ <i>Date</i>

RELATED PROCEDURES:

- 09.36 AP.21
- 09.36 AP.211
- 09.36 AP.23

Review/Revised:8/4/03