

**BROWNSBORO INDEPENDENT SCHOOL DISTRICT
TRANSPORTATION REQUEST**

NOTE: Use this form to request all car, suburban, truck or school bus transportation services. Prepare and forward one copy to the Transportation Department.

Date submitted _____ **Name** _____

School _____ **Class or Group** _____ **Number of Passengers** _____

Vehicle Type _____ **Point of Pick-up** _____ **Destination** _____

MUST HAVE A REQUEST SUBMITTED FOR EACH VEHICLE/BUS NEEDED.

LEAVE _____
TIME DAY OF WEEK DATE

RETURN _____
TIME DAY OF WEEK DATE

DRIVER NEEDED _____ GAS CARD NEEDED _____

NOTE: A copy of Driver's License must be on file at the Transportation Department for use of school vehicle at the time of pick-up.

METHOD OF PAYMENT: (Check One)

1. ___ Budget Code-function-object and sub-object _____
2. ___ Special budget fund (Describe) _____
3. ___ Athletic fund _____
4. ___ Student activity fund number _____
5. ___ Fares charged riders and collected by the sponsor _____
6. ___ Other funds (Describe) _____

APPROVAL:

Principal Date Transportation Date

NOTE: Please report any problems or damage to the vehicle so we can make repairs or correct the problem in a timely manner.

Comments: _____

Print Name of Driver _____

Odometer Reading Finish _____

Odometer Reading Start _____

Vehicle # _____ **Total Mileage** _____

Driving Time: Start _____ **A.M./P.M.** **Return** _____ **A.M./P.M.**

Driver's Signature _____