North Kitsap School District
A Great Place to Live & Learn

Transportation Department
26000 Siyaya Ave NE
Kingston, WA 98346

US DOT #2358661

Ph: (360) 396-3099

TRIP #_____ BUS #_____

For Trips on Ferry ❑ email sent to reserve ferry 72 hours in advance

Terminal 1 / Time _____

Terminal 2 / Time _____

DATE of TRIP_____ REQUESTING SCHOOL_____

Class/Dept./Group_____**Destination**_____

Total Passengers_____ For Local Trips– Do you want the bus to stay? Yes_____No_____

Depart from your school-Time_____ Return to your school– Time_____

TRIP APPROVAL Request will not be processed without proper signature and account information below.

❑**ACCOUNT NUMBER** _____**Gen.Fund ASB Co-Curricular**

Teacher(s) _____ DATE _____ /ASB student _____ DATE _____

Building Administrator _____ DATE _____

Superintendent/Designee Signature required if overnight ?/Out of State ?/Out of Country ?

Superintendent/Designee Signature _____ DATE _____

FORM MUST BE RECEIVED IN TRANSPORTATION 15 WORKING DAYS PRIOR TO

THIS IS TO BE FILLED OUT BY THE COACH/TEACHER AT THE END OF THE TRIP

Time of departure from school_____ Return trip departure time_____

Time of arrival at Destination_____ Time of arrival at Home school_____

Bus stayed at destination? Yes___ No___ Bus Clean after trip? Yes___ No___

Driver payroll report-drive start, stop, destination start, stop, drive start, stop, meal start, stop

Add extra sheet if needed (copy of Log sheet)

START TIME					
STOP TIME					

Regular runs missed—Combine as much as you need.	**TIME LOST**

Driver's Name (Print)

_____

Mileage END	_____	
Mileage START	_____	
Mileage TOTAL	_____	

Office Use Only

Driver Time	
Rate per Mile	
Ferry/Bridge Toll	
Meals	
Other charges	
Direct Total Charges to Account:	