

MATHIS INDEPENDENT SCHOOL DISTRICT

STUDENT & STAFF PRE-TRAVEL



TRANSPORTATION REQUEST

CAMPUS/DEPARTMENT: _____

REQUESTED BY: _____

DESTINATION & TYPE OF ACTIVITY: _____

DEPARTURE: (DATE) _____ (TIME): _____ AM ___ PM

RETURN: (DATE) _____ (TIME): _____ AM ___ PM

ESTIMATED PASSENGERS: _____ NUMBER OF STUDENTS: _____

LIST OF STUDENTS ATTENDING TRIP MUST BE ATTACHED

NUMBER OF BUSES/VANS NEEDED: _____ CAR(S)/TRUCKS NEEDED: _____

BUS DRIVER REQUIRED? YES OR NO (PLEASE CIRCLE ONE)

BUDGET CODE: MANDATORY _____

DESTINATION TO AND FROM:

COST OF TRANSPORTATION:

(\$1.00 PER MILE X MILEAGE ROUND TRIP – FOR BUS): _____

(\$1.00 PER MILE X MILEAGE OF ROUND TRIP – FOR OTHER SCHOOL VEHICLES): _____

SPECIAL CONSIDERATION (WHEELCHAIR LIFT NEEDED, OR OTHER NEEDS): _____

SIGNATURES FOR APPROVAL:

PRINCIPAL'S/SUPERVISOR'S SIGNATURE: _____ DATE: _____

GAIL KENNEMER SHEPLER, CHIEF FINANCIAL OFFICER: _____ DATE: _____

TRANSPORTATION USE ONLY: _____ DATE RECEIVED: _____

- 1). All transportation requests must be signed by Principal/Director/Supervisor before submitting to administration for approval. After approval it will be forwarded to the Transportation Department.
- 2). All requests "must" have a budget code, to be approved.