



Transportation Request Athletics

Phone: 916-971-7076 Ext. 2

All field trips must be booked through the SJUSD Transportation Department.

School/Department: _____

Departure Date: _____ Return Date: _____

Departing Location: _____
School/Address

Departure Time From School: _____ A.M. P.M.
Please Check One

Return Departure Time From Event: _____ A.M. P.M.
Please Check One

Arrival Time At School: _____ A.M. P.M.
Please Check One

of Students: _____ # of Wheelchair Passengers: _____ # of Adults: _____ Total: _____

Grade Level: _____ # of Buses Requested: _____

Destination: _____
Name of location

Street Address _____ City _____ State _____

Billing Information:

Athletics 01.0.0.5708.0000.1257.4200.510.000

*** ALL TRANSFERS WILL BE COMPLETED BY THE FACILITIES BUSINESS DEPARTMENT

Special Instructions: _____

Please note: All rest stops & meal stops need to be in writing, approved, and provided to the Transportation Department prior to departure.

Originator of Request (PLEASE PRINT): _____ Phone #: _____ Date: _____

Authorizing Principal/Administrator: _____
SIGNATURE REQUIRED

NOTE: DATES WILL NOT BE RESERVED OVER THE PHONE. ALL TRIP REQUESTS WILL RECEIVE VERIFICATION IN WRITING AS TO THEIR STATUS.

PLEASE COMPLETE ENTIRE FORM TO AVOID SCHEDULING DELAYS AND/OR RETURN OF FORM

OFFICE USE ONLY:

\$ _____ \$ _____ \$ _____

ORIGINAL

ADJUSTMENT

FINAL