

Madeira City School District  
Request for Field Trip Bus

Building \_\_\_\_\_

Requisition # \_\_\_\_\_ Purchase Order# \_\_\_\_\_

Date of Request \_\_\_\_\_ Date of Trip \_\_\_\_\_

Destination \_\_\_\_\_

Number of Buses (Wheelchair bus must be reserved in advance, please call Transportation) \_\_\_\_\_

Faculty Sponsor \_\_\_\_\_ Faculty Signature \_\_\_\_\_

Person Making Request \_\_\_\_\_ Class/Grade \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_

Departure Location \_\_\_\_\_

Depart Time from School \_\_\_\_\_ Depart Time from Destination \_\_\_\_\_

Return to School \_\_\_\_\_

Special Stop (lunch/dinner/etc) \_\_\_\_\_

Special instructions and Notes: There is a 2.25 hr. minimum time for buses requested -  
2023-2024 school year rate is \$53.69 per hour.

Approval/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Following the approval of the principal and receipt of purchase order, this form should be sent to  
the Transportation Office with the purchase order for bus assignment.

**SUBMIT TO TRANSPORTATION OFFICE SEVEN DAYS IN ADVANCE OF TRIP**

This section to be completed by the transportation office (Petermann LLC.)  
Original will be returned to school after a bus assignment has been made.  
# \_\_\_\_\_ bus(es) has/have been reserved for the above approved field trip.

Signature of Petermann Representative \_\_\_\_\_

**TRANSPORTATION DEPARTMENT**

(To be completed by the originator of the field trip)

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Arrival Time: \_\_\_\_\_ Number of Buses: \_\_\_\_\_

**CERTIFICATION**

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Business Office

This trip has been approved and scheduled. Drivers assigned are:

\_\_\_\_\_  
\_\_\_\_\_

**Bus Driver Report**

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: \_\_\_\_\_ Bus No. \_\_\_\_\_ Total time of trip: \_\_\_\_\_

Speedometer reading at start of trip: \_\_\_\_\_ End of trip: \_\_\_\_\_

Start time: \_\_\_\_\_ Return time \_\_\_\_\_

Total miles traveled on this trip: \_\_\_\_\_ Total gallons of gas used: \_\_\_\_\_

Remarks: \_\_\_\_\_

Driver's signature: \_\_\_\_\_

**Distribution:**

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses

Field Trip No.: \_\_\_\_\_