

Requisition #: _____



Vehicle/Bus Request

MORGAN COUNTY SCHOOL DISTRICT RE-3 TRANSPORTATION DEPARTMENT
Request will NOT be accepted unless ALL items are completed and submitted **TWO WEEKS PRIOR TO TRIP DATE**

Form # _____ of _____

Bus: _____

Small Veh: _____

Trip To: _____

Address: _____

Does Sponsor Know Directions? _____

Date(s) of Trip: _____

Pickup Location: _____

Beginning (Departure Time): _____

Approx Time to Leave Destination: _____

Approx Return Time (Back at school): _____

of Students: _____ # of Adults: _____

Sponsor in Charge: _____

School Name: _____

Grade or Activity: _____

Date of Request: _____

(Administrators Signature)

(Budget Line Number)

Enter Toll Road: _____

Leave Toll Road: _____

Reason for Trip: _____

For Outside Billing Only. Remit to:

Morgan County School District RE-3
715 West Platte Avenue
Fort Morgan, CO 80701-2942

Driver: _____		
Vehicle/Bus #: _____		
Pre Trip Completed:	<input type="checkbox"/> Yes	_____ Driver Initial
Evacuation Procedures Given:	<input type="checkbox"/> Yes	_____ Driver Initial
	TAKE	RETURN
ENDING Mileage:		
BEGINNING Mileage:		
Total Mileage:		
Departure Time:		
Completion Time (Includes Fuel Time):		
Total Time:		
Post Trip With Sponsor: _____		
Sponsor/Rep Signature: _____		
Driver Signature: _____		
Date Completed: _____		
Fuel: \$ _____	Driver: \$ _____	
Tolls: \$ _____	Other: \$ _____	
Total Cost: \$ _____		

Director: _____

Date: _____