



FABENS INDEPENDENT SCHOOL DISTRICT TRANSPORTATION REQUEST

Campus: Athletics

Sponsor: _____

Name of Group: _____

Destination: _____

Reason for Trip: _____

Mode of Transportation: Bus Van

How many buses or vans? _____

Number of Adults: _____

Number of Students: _____

Spotting Time: _____

Departure Date:

Date of Return:

Pick-Up Site: _____

Departure Time: _____

Time of Return: _____

_____ x _____ = _____	Estimated mileage	_____ x _____ = _____	Cost of Bus or Van	_____ x _____ = _____	Cost of Bus or Van
_____ x _____ = _____	Number of Meals	_____ x _____ = _____	Number in attendance	_____ x _____ = _____	Total Meal Cost
_____ x _____ = _____		_____ x _____ = _____	Meal Per Diem Rate		
_____ x _____ = _____		_____ x _____ = _____			
_____ x _____ = _____		_____ x _____ = _____			
_____ x _____ = _____	Daily Allowed for room	_____ x _____ = _____	Number of Days		Total
_____ x _____ = _____	Registration fees paid to whom				
				Total Cost =	_____

Rates	
Breakfast	\$5.00
Lunch	\$7.00
Dinner	\$9.00

Account number for transportation/travel & subsistence cost:

Amount:

Sponsor _____ Date _____

Principal _____ Date _____

Asst. Superintendent of Finance _____ Date _____

Transportation Supervisor _____ Date _____

Trip Log:

Federal Fund Approval _____ Date _____

Vehicle #	Driver:	Beginning Mileage:	Ending Mileage:	Total:

_____ MILES: X _____ MILES: =