

GULFPORT SCHOOL DISTRICT TRANSPORTATION REQUISITION FOR TRAVEL



DA	ΓE:					
1.	Name of School:	_				
2.	Name of Class, Club or Organization:					
3.	*Destination:					
4.	Purpose of Trip:					
5.	**Date trip is to be taken:					
6.	Departure Time:	Date:		Return Time:		Date:
7.	Type of Transportation Needed: Bus, Personal Vehicles, Rental					
	First Student: GSD Bus # or Car #:					
8.	Driver Needed: Yes No		If no, who	will drive?		
9.	Number of Students:	Number of Vehicles:				
10.	Sack Lunches Needed: Yes	No	Number Needed: (copy to sch			o school cafeteria)
11.	List Adult Chaperones (one per 30 students)					
12.	Location of pick-up on campus:					
13.	How is trip to be financed? (<i>circle one</i>) Activity Instructional Other					
14.	List account and account number to be charged and person responsible for account:					
	Signature	— <u> </u>	Date	District Appr	roval	Date
	Estimated Charge			Purchase Order	Number	
15.	Approval to Travel:					
	Principal / Director	_		Date		
		<u></u>				
	CTE Director			Date		
	Chief Operations Officer	<u> </u>		Date		
	Superintendent	<u>—</u>		Dot-		
	Superintendent			Date		

^{*}All out-of-state travel requests must be approved, in advance, by the Board of Trustees. The Board meets the first and third Monday of each month. Requests not received one WEEK prior to the Board meeting will NOT be placed on the agenda.

^{**}Request for travel, not requiring Board of Trustees approval, must be approved by the Building Principal and the Chief Operations Officer. Request for travel must be in the office of the Chief Operations Officer no later than the Thursday prior to the week of the trip.

^{***}Attach supplemental Private Vehicle Form if using personal vehicles.