

2024-2025
REQUEST FOR TRANSPORTATION
 DELANO PUBLIC SCHOOLS

Date of Trip: _____ Departure time: _____ am/pm

Return time: _____ am/pm

Destination: _____ City: _____

Group taking trip: _____ # of Riders _____

Need Trailer ___ yes ___ no

Contact person: _____ ext: _____

Purpose of trip: _____

Bus loading site: _____ Time: _____

Chaperones: _____

Meal Stop at: _____ City: _____

FOR BUDGET PURPOSES:

(Estimated Trip Cost:)	_____ Hours @ \$26.08/hour	\$ _____	*
	_____ Miles @ \$2.00/mile – Bus	_____	*
	_____ Miles @ \$2.00/mile – Mini Bus	_____	*
	_____ Miles @ \$1.52/mile – Van	_____	*
	Use of trailer @ \$62.92/trip	_____	
	Admissions or Fees	_____	
	_____ Meals ___ bag ___ purchased	_____	
	Gross Cost		
	Less _____ fees @ \$ _____	\$ _____	
	NET DISTRICT COST	\$ _____	

*(note: Minimum cost = \$62.92)

Budget Code: _____ - _____ - _____ - _____ - _____ - _____

or
Activity Account: _____

Requestor: _____ Date: _____

Approved by: _____ Date: _____

**A completed copy must be faxed to Stahlke Bus Co. (972-3757) or email info@stahlkebus.com .
 Submit the original to Mary Reeder, District Office, and keep a copy for your records.**