

Commerce ISD Transportation Request

Campus _____	Group or Class _____
Destination _____	
Date Needed _____	Departure Time _____ Return Time _____
Number of Passengers _____	Driver(s) Needed _____ YES _____ NO _____
Sponsor's Title _____	Sponsor's Signature _____
Account Number _____	

Approved _____ Denied _____ (explanation below) _____
Principal's Signature _____ Date _____

Estimated Cost of Trip
Estimated Total Bus Miles _____ x \$1.50/ Suburban \$.25 per mile = _____ Estimated Cost of Mileage
Estimated Driver Time _____ - \$20.00/hr = _____ Estimated Cost of Driver
Estimated Total Cost = _____

Driver(s) Name(s) _____ Bus # _____
Odometer (ending) _____ minus (beginning) _____ = total miles _____
Odometer (ending) _____ minus (beginning) _____ = total miles _____
Driver Time (ending) _____ minus (start) _____ = total hours _____
Charges:
Total Miles per Bus _____ x \$1.50 per mile/Suburban _____ \$.25 = _____ Cost of Mileage
Total Hours _____ x \$20.00/hr. = _____ Cost of Driver
Total Cost _____

*Request must be received by the Transportation Department seven days prior to event. Drivers' hours are counted when the driver leaves the bus barn until they return. All trips are subject to driver and bus availability. Regular bus routestake first priority. No trips should be scheduled during last week of school.