



**MANSON SCHOOL DISTRICT NO. 19
BUS TRANSPORTATION REQUEST**

Completed request must be submitted seven school days in advance of the activity/trip.

PERSON RESPONSIBLE FOR STUDENTS: _____ DATE: _____

DESTINATION: _____

ACTIVITY ATTENDING: _____

DEPARTURE DATE: _____ DEPARTURE TIME: _____

RETURN DATE: _____ RETURN TIME: _____

NUMBER OF PASSENGERS (INCLUDING STAFF): _____

ESTIMATED COST (contact Transportation for assistance)

MILES X \$7.66 _____ = TOTAL ESTIMATED COST _____

ADMINISTRATOR APPROVAL

PRINCIPAL/ADMINISTRATOR AUTHORIZATION: _____
Signature

BUDGET CODE: _____ DATE: _____

DISTRICT APPROVAL

APPROVED: _____ NOT APPROVED: _____

TRANSPORTATION SUPERVISOR: _____ DATE: _____
Signature

BUS DRIVER: _____ BUS ASSIGNED: _____

BEGINNING MILEAGE: _____ ENDING MILEAGE: _____

SPECIAL INSTRUCTIONS: _____
