

FABENS ISD

Transportation



Campus: _____ 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 Cost of Bus/Van Cost of Bus/Van

Number of Meals		Number in Attendance		Meal Per Diem Rate		Total Meal Cost
_____	x	_____	x	_____	=	_____
_____	x	_____	x	_____	=	_____
_____	x	_____	x	_____	=	_____

_____ x _____ = _____
Daily Allowed for Room Number of Days Total

Registration Fees Paid to Whom: _____ = _____
Total Cost = _____

Account Number for Transportation & Subsistence Cost:

Amount:

Sponsor _____ Date _____

Sponsor _____ Date _____

Asst. Superintendent of Finance _____ Date _____

Transportation Supervisor _____ Date _____

Sponsor _____ Date _____

TRIP LOG:

Driver's Name	Departure Time	Return Time	Total Hours Rate

Bus/Van Number	Odometer Start	Odometer End	Total Miles