




TUSD Trip Request
 Transportation
 Telephone: 707/437-4604 Ext: 1232

Transportation Department must receive completed request at least 14 school days prior to date of trip.

Type of Trip: _____ Field Trip _____ Athletic _____ Band _____ Other: _____

Date of Trip: _____ To (Location): _____

Transportation Required: _____ Bus _____  Address: _____

Number of Students: _____ Number of Adults: _____ Loading Area: _____

Name/Position of Person Assigned as Bus Monitor: _____

Trip Departure
 Desired District Departure: _____ Time: _____ Location: _____ Date: _____

Trip Return
 Desired District Arrival: _____ Time: _____ Location: _____ Date: _____

Trip Sponsored By: _____ Site: _____

BUDGET CODE: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Name/Position of Person Requesting Trip: _____ Today's Date: _____

For Field Trip Requests, please attach supporting data for the following:

- 1) Class/Club/Organization efforts in preparation for this trip
- 2) Expected student benefits
- 3) Follow-up student assignments after trip

Recommendation of Site Administrator
 Approval _____ Denial _____ Signature – Site Administrator: _____ Date: _____

DISTRICT OFFICES

Trip Approved: _____ Denied: _____

 Signature of Assistant Superintendent Educational Services

Date Received by Transportation: _____ Signature Transportation Coordinator: _____

Assigned Driver: _____ Bus No.: _____ Load Count: _____

Departure Time (Barn): _____ Begin Mileage: _____ Arrival Time (School): _____ School Mileage: _____

Arrival Time (Destination): _____ Mileage Reading: _____ Departure Time (Destination): _____ Mileage Reading: _____

Return Time (School): _____ Mileage Reading: _____ Return Time (Barn): _____ Ending Mileage: _____

TRIP CHARGES			BUS DRIVER REPORT/COMMENTS
Total Miles	@	=	
Tolls	@	=	
Other	@	=	
TOTAL TRIP COSTS			