# SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT
# VEHICLE REQUEST FORM

(completed and signed form must be uploaded to VEH REQ)

Campus: _____ Student Group Attending: _____
(ex. AVID, Student Council, etc.)

Date Submitted: _____ Date of Field Trip: _____
*(Must be submitted 3 weeks prior to field trip date)*

Transportation to: _____

Address: _____

Time of Departure from Campus: _____ Time of Return to Campus: _____

Number of Students Attending: _____ No. of Adults Attending: _____

Type of vehicle requested: _____ No. of Vehicles Requested: _____

Teacher/Requestor's Name: _____

Describe how the field trip is directly linked to instruction:

| |
|---|
| |

Account: _____ Est. Cost (Secretary): _____

(Number of miles to location x 2 for round trip x mileage rate of vehicle used x number of vehicles used)

Approval Signature

Administrator's Signature: _____ Date: _____

Created 6/26/24
ejg