

PALACIOS ISD TRANSPORTATION CO-CURRICULAR TRANSPORTATION REQUEST & REPORT FORM

ORGANIZATION REQUESTING TRANSPORTATION _____

REQUEST PURPOSE _____ DESTINATION _____

DAY 1	DAY 2	DAY 3
DEPARTURE DATE: ____/____/____	DEPARTURE DATE: ____/____/____	DEPARTURE DATE: ____/____/____
DEPARTURE TIME: ____:____ AM PM	DEPARTURE TIME: ____:____ AM PM	DEPARTURE TIME: ____:____ AM PM
ARRIVAL TIME: ____:____ AM PM	ARRIVAL TIME: ____:____ AM PM	ARRIVAL TIME: ____:____ AM PM
RETURN DATE: ____/____/____	RETURN DATE: ____/____/____	RETURN DATE: ____/____/____
RETURN DEPART TIME: ____:____ AM PM	RETURN DEPART TIME: ____:____ AM PM	RETURN DEPART TIME: ____:____ AM PM
RETURN ARRIVAL TIME: ____:____ AM PM	RETURN ARRIVAL TIME: ____:____ AM PM	RETURN ARRIVAL TIME: ____:____ AM PM

NUMBER TO BE TRANSPORTED: _____ APPROVED BY: _____

VEHICLE NEEDED	BUS	ACTIVITY BUS
	SUBURBAN	TRUCK
TRAILER	YES	NO
DRIVER	YES	NO

REQUESTED BY: _____

DRIVER NAME: _____

DAY 1	DAY 2	DAY 3
BUS NO.	BUS NO.	BUS NO.
ODOMETER READING	ODOMETER READING	ODOMETER READING
ENDING:	ENDING:	ENDING:
START:	START:	START:
TOTAL:	TOTAL:	TOTAL:
INITIALS:	INITIALS:	INITIALS:

BUDGET CODE FOR FUEL:

DAY 1: ____-____-____-____-____-____-____-____

DAY 2: ____-____-____-____-____-____-____-____

DAY 3: ____-____-____-____-____-____-____-____

COMMENTS: _____

EXPENSE REPORT			
FUEL	AMOUNT	COST	
GAS	GL	\$.	\$.
DIESEL	GL	\$.	\$.
TOTAL			\$.
DRIVER PAY	AMOUNT	RATE	
DRIVE TIME	HR	\$.	\$.
WAIT TIME	HR	\$.	\$.
TOTAL			\$.
GRAND TOTAL			\$.

NOTE: This request Must be submitted with the Budget code for fuel cost. This form must be submitted no less than 5 days prior to the date requested, trips can be denied due to late submission. In the event of late submission contact the coordinator at transportation@palaciosisd.org Current driving credentials must be provided upon retrieving the vehicle. Emergency information is listed on the clipboard provided.