FABENS ISD
Transportation

- **Request must be filled out and submitted for Purchase Order approval, 2 weeks prior to trip.**
- **Form must have all of the required information listed; or Purchase Order will be denied.**
- **Business Office will verify form and approve Purchase Order.**
- **Once Purchase Order is generated, it will be sent to Transportation Department for booking.**
- **Transportation Department will not accept forms or process trip request without a Purchase Order (no exceptions).**
- **Any cancellation must be submitted in writing to rugarte@fabensisd.net 24 hours prior to trip to avoid full cancellation fee (cost of trip).**

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

- Calculate 5 miles Over for Local Trips
- Calculate 25 miles Over for Out-of-Town Trips

Account Number for Transportation Cost	Amount:

_____ _____

Sponsor Date Sponsor Contact Number

_____ _____

Principal/Director Date